

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0054	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/23/2011 TIME 8:06

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MACNEAL HOSPITAL 14-0054

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION  
DATE: 2/23/2011 TIME 8:06

9bwinooIRxwYHNwcc1H8Xxbqgc3.0  
4hODT0NtiKmTub5DD8tveIdfQQRDBX  
1.JI1qdNmrOZcd.Z

PI ENCRYPTION INFORMATION  
DATE: 2/23/2011 TIME 8:06

xuHL7Z4Bce.QrLAAt1cahGA9Xbx0K0  
Kp.yE0IboHMNVwZL7d4ijnw351QLYZ  
HivL7QV1Gn0fwuCW

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	314,010	34,696	0	
2 SUBPROVIDER	0	0	0	0	
5 HOSPITAL-BASED SNF	0	0	0	0	
7 HOSPITAL-BASED HHA	0	0	0	0	
100 TOTAL	0	314,010	34,696	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET 5  
PARTS I & II

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COST REPORT CERTIFICATION	I	14-0054	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/22/2011 TIME 16:16

PART I - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	314,010	34,696	0
2	SUBPROVIDER	0	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	314,010	34,696	0

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Filed

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-2  
I I TO 9/30/2010 I

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3249 SOUTH OAK PARK AVENUE  
1.01 CITY: BERWYNP.O. BOX:  
STATE: IL ZIP CODE: 60402- COUNTY: COOK

## HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX
02.00 HOSPITAL	MACNEAL HOSPITAL	14-0054		7/ 1/1966	N P O
03.00 SUBPROVIDER	MACNEAL PSYCH UNIT	14-5054		10/ 1/1984	N P O
06.00 HOSPITAL-BASED SNF	M.H. TRANSITIONAL CARE UNIT	14-5848		10/ 1/1995	N P N
09.00 HOSPITAL-BASED HHA	MACNEAL HOME HEALTH	14-7285		10/ 1/1984	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL

1 2  
6

## TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER1  
4

## OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

1 N N 16974

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.

N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)

N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

/ / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)

/ /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).

/ /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2009	I 2/22/2011
I	I TO 9/30/2010	I WORKSHEET 5-2

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	Y			
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	Y			
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	Y			
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N			
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N		
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / /	/	/		
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / /	/	/		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3
			100	1.0787	1.0787
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	1	1600
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	100.00%	Y		
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-2  
I I TO 9/30/2010 I

PROSPECTIVE PAYMENT SYSTEM (PPS)--CAPITAL

	V	XVIII	XIX
36	1	2	3
36.01	Y	Y	Y
37	N	Y	N
37.01	N	N	N
		N	

## TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N

38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 44h108

40.01 NAME: TN FI/CONTRACTOR NAME RIVERBEND FI/CONTRACTOR # 00390

40.02 STREET: P.O. BOX:

40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 10,953,623

PAID LOSSES: 0

AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. Y

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56.01		N	0.00		0
			0.00		0
56.02			0.00		0
56.03			0.00		0

ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET S-2
I		I	TO 9/30/2010	I	

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN  
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"  
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN  
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF  
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST  
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT  
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

## MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?  
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,  
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

## SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 12/16/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET	S-3
I		I	TO 9/30/2010	I	PART	I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	226	82,490			19,652		18,669
2	HMO					7,492		777
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	226	82,490			19,652		18,669
6	INTENSIVE CARE UNIT	17	6,205			2,279		
11	NURSERY							
12	TOTAL	243	88,695			21,931		18,669
13	RPCH VISITS							
14	SUBPROVIDER	24	8,760			5,540		
15	SKILLED NURSING FACILITY	40	14,600			8,538		
18	HOME HEALTH AGENCY							
25	TOTAL	307						
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			57,785				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			57,785				
6	INTENSIVE CARE UNIT			5,050				
11	NURSERY			4,387				
12	TOTAL			67,222			60.38	
13	RPCH VISITS							
14	SUBPROVIDER			7,190			.66	
15	SKILLED NURSING FACILITY			12,708				
18	HOME HEALTH AGENCY			36,001				
25	TOTAL						61.04	
26	OBSERVATION BED DAYS			1,881				
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					4,615	4,462	15,459
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	60.38	1,527.48			4,615	4,462	15,459
13	RPCH VISITS							
14	SUBPROVIDER	.66	33.11			601		910
15	SKILLED NURSING FACILITY		50.98					
18	HOME HEALTH AGENCY		37.38					
25	TOTAL	61.04	1,648.95					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

## HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-3  
 I I TO 9/30/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	103,024,201		103,024,201	3,429,821.00	30.04	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	3,698,745		3,698,745	141,221.00	26.19	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,776,812		2,776,812	106,046.00	26.18	
8.01 EXCLUDED AREA SALARIES	7,580,488		7,580,488	232,801.00	32.56	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	3,197,854		3,197,854	58,937.00	54.26	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	166,222		166,222	1,623.00	102.42	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,184,781		6,184,781	72,011.00	85.89	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	17,348,677		17,348,677			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	251,555		251,555			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	42,767		42,767			CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	1,474,926	-138	1,474,788	45,671.00	32.29	
22.01 ADMINISTRATIVE & GENERAL	16,948,082	1,828,976	18,777,058	632,669.00	29.68	
23 A & G UNDER CONTRACT						
24 MAINTENANCE & REPAIRS	191,819	-132	191,687	9,301.00	20.61	
25 OPERATION OF PLANT						
26 LAUNDRY & LINEN SERVICE	548,560		548,560	31,974.00	17.16	
26.01 HOUSEKEEPING	2,078,310		2,078,310	158,076.00	13.15	
27 HOUSEKEEPING UNDER CONTRACT						
27.01 DIETARY	2,282,206		2,282,206	149,331.00	15.28	
28 DIETARY UNDER CONTRACT						
29 CAFETERIA						
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	1,466,496		1,466,496	37,058.00	39.57	
32 CENTRAL SERVICE AND SUPPLY	331,069		331,069	24,851.00	13.32	
33 PHARMACY	2,048,085		2,048,085	54,616.00	37.50	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,956,535	-1,828,706	2,127,829	89,218.00	23.85	
35 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

## PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	99,325,456		99,325,456	3,288,600.00	30.20	
2 EXCLUDED AREA SALARIES	10,357,300		10,357,300	338,847.00	30.57	
3 SUBTOTAL SALARIES	88,968,156		88,968,156	2,949,753.00	30.16	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,548,857		9,548,857	132,571.00	72.03	
5 SUBTOTAL WAGE-RELATED COSTS	17,348,677		17,348,677		19.50	
6 TOTAL	115,865,690		115,865,690	3,082,324.00	37.59	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	31,326,088		31,326,088	1,232,765.00	25.41	



HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2009	I 2/22/2011
I HHA NO:	I TO 9/30/2010	I WORKSHEET S-4
I 14-7285	I	I
I COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	542	0	0
2 UNDUPLICATED CENSUS COUNT	2,275.00	2,632.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	542			
2 UNDUPLICATED CENSUS COUNT	4,907.00			

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.99	1.00	1.99
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	16.42		16.42
6 DIRECTING NURSING SERVICE	13.86	1.00	14.86
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	8.96		8.96
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.13		2.13
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.04		1.04
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.26		.26
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	8,356	86	514	160
22 SKILLED NURSING VISIT CHARGES	1,504,080	15,480	92,520	28,800
23 PHYSICAL THERAPY VISITS	5,251	0	44	151
24 PHYSICAL THERAPY VISIT CHARGES	1,034,447	0	8,668	29,747
25 OCCUPATIONAL THERAPY VISITS	1,267	0	7	46
26 OCCUPATIONAL THERAPY VISIT CHARGES	249,599	0	1,379	9,062
27 SPEECH PATHOLOGY VISITS	22	0	0	6
28 SPEECH PATHOLOGY VISIT CHARGES	3,978	0	0	1,082
29 MEDICAL SOCIAL SERVICE VISITS	236	2	12	7
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	67,968	576	3,456	2,016
31 HOME HEALTH AIDE VISITS	176	0	2	0
32 HOME HEALTH AIDE VISIT CHARGES	14,432	0	164	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	15,308	88	579	370
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	2,874,504	16,056	106,187	70,707
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET	S-4
I	HHA NO:	I	TO 9/30/2010	I		
I	14-7285	I		I		
	COUNTY:					

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	9,116
22 SKILLED NURSING VISIT CHARGES	0	0	1,640,880
23 PHYSICAL THERAPY VISITS	0	0	5,446
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,072,862
25 OCCUPATIONAL THERAPY VISITS	0	0	1,320
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	260,040
27 SPEECH PATHOLOGY VISITS	0	0	28
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,060
29 MEDICAL SOCIAL SERVICE VISITS	0	0	257
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	74,016
31 HOME HEALTH AIDE VISITS	0	0	178
32 HOME HEALTH AIDE VISIT CHARGES	0	0	14,596
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	16,345
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	3,067,454
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET	S-7
I		I	TO 9/30/2010	I		

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 RATE	SRVCS 4/1/01 TO 9/30/01 RATE
1	2	3	4	5
		DAYS 3.01	DAYS 4.01	DAYS 4.03
1	RUC			
2	RUB	2		
3	RUA			
3 .01	RUX			
3 .02	RUL	42		
4	RVC			
5	RVB	140		
6	RVA	3		
6 .01	RVX			
6 .02	RVL	758		
7	RHC	258		
8	RHB	361		
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB	158		
12	RMA			
12 .01	RMX	767		
12 .02	RML	5,282		
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3	41		
16	SE2	637		
17	SE1	54		
18	SSC			
19	SSB			
20	SSA	32		
21	CC2			
22	CC1			
23	CB2			
24	CB1	3		
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			
45 .19	LB1			
45 .20	CE2			
45 .21	CE1			
45 .22	CD2			
45 .23	CD1			
46	TOTAL	8,538		

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATAI PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-7  
I I TO 9/30/2010 I

GROUP(1)	M3PT REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	SRVCS 4/1/01 TO 9/30/01 DAYS
1	2	3	4	5	6	7	8
			3.01		4.01	4.02	4.03

## Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 1.0787  
 Wage Index Factor (after 10/01) : 1.0787  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 1600  
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PT REVENUE CODE	HIGH COST(2)	SWING BED SNF RUGS DAYS	TOTAL
1	2	3	4	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET	S-7
I	I TO 9/30/2010	I	

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
45 .19 LB1				
45 .20 CE2				
45 .21 CE1				
45 .22 CD2				
45 .23 CD1				
46 TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

## Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	1.0787
Wage Index Factor (after 10/01):	:	1.0787
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	1600
SNF CBSA Code	:	NOT SPECIFIED

## HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-10  
 I I TO 9/30/2010 I  
 I I I

## DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 196,485,065

17.01 GROSS MEDICAID REVENUES 40,896,450

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 380,003

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 237,761,518

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
 DIVIDED BY COLUMN 8, LINE 103) .230377

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
 (LINE 23 \* LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 153,726,315

## HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET S-10  
I I TO 9/30/2010 I  
I I I

## DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	35,415,007
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	42,758,750
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	9,850,633
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	35,415,007

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0054  
II PERIOD:  
I FROM 10/ 1/2009  
I TO 9/30/2010I PREPARED 2/22/2011  
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				6,161,140	6,161,140
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				10,244,371	10,244,371
5	0500	EMPLOYEE BENEFITS	1,474,926	18,225,695	19,700,621	-110,660	19,589,961
6	0600	ADMINISTRATIVE & GENERAL	16,948,082	125,160,567	142,108,649	-11,929,462	130,179,187
7	0700	MAINTENANCE & REPAIRS	191,819	2,820,677	3,012,496	-841,506	2,170,990
9	0900	LAUNDRY & LINEN SERVICE	548,560	223,643	772,203	-81	772,122
10	1000	HOUSEKEEPING	2,078,310	643,132	2,721,442	-72,723	2,648,719
11	1100	DIETARY	2,282,206	1,062,477	3,344,683	-2,715	3,341,968
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,466,496	392,944	1,859,440	-915	1,858,525
15	1500	CENTRAL SERVICES & SUPPLY	331,069	516,486	847,555	-335,194	512,361
16	1600	PHARMACY	2,048,085	5,519,382	7,567,467	-1,392,012	6,175,455
17	1700	MEDICAL RECORDS & LIBRARY	3,956,535	448,904	4,405,439	-2,074,700	2,330,739
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	3,698,745		3,698,745	14,759	3,713,504
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,353,196	1,353,196	-9	1,353,187
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	19,205,046	3,273,543	22,478,589	-863,587	21,615,002
26	2600	INTENSIVE CARE UNIT	4,079,310	723,902	4,803,212	-361,197	4,442,015
31	3100	SUBPROVIDER	2,133,315	143,682	2,276,997	-19,270	2,257,727
33	3300	NURSERY	1,209,484	904,020	2,113,504	-116,492	1,997,012
34	3400	SKILLED NURSING FACILITY	2,776,812	298,105	3,074,917	-95,378	2,979,539
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,883,618	14,483,479	18,367,097	-2,590,800	15,776,297
37.01	3701	SAME DAY SURGERY	598,742	174,901	773,643	-66,290	707,353
38	3800	RECOVERY ROOM	766,287	114,087	880,374	-59,435	820,939
39	3900	DELIVERY ROOM & LABOR ROOM	1,782,700	1,545,631	3,328,331	-137,913	3,190,418
40	4000	ANESTHESIOLOGY	401,897	1,287,054	1,688,951	-615,596	1,073,355
41	4100	RADIOLOGY-DIAGNOSTIC	3,987,142	2,291,609	6,278,751	-623,601	5,655,150
41.01	3630	ULTRA SOUND	771,764	92,228	863,992	-9,974	854,018
41.02	3230	CAT SCAN	781,076	354,348	1,135,424	-77,202	1,058,222
43	4300	RADIOISOTOPE	311,600	522,129	833,729	-7,603	826,126
44	4400	LABORATORY	4,229,760	3,769,775	7,999,535	-8,801	7,990,734
49	4900	RESPIRATORY THERAPY	1,271,224	460,383	1,731,607	-212,476	1,519,131
50	5000	PHYSICAL THERAPY	2,479,922	147,448	2,627,370	-56,929	2,570,441
53	5300	ELECTROCARDIOLOGY	759,605	932,456	1,692,061	-17,185	1,674,876
53.01	3120	CARDIAC CATHETERIZATION LABORATORY	772,512	6,542,220	7,314,732	-188,091	7,126,641
53.02	3950	TCU REHAB	675,717	67,972	743,689	-344	743,345
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				6,220,978	6,220,978
56	5600	DRUGS CHARGED TO PATIENTS				2,301,121	2,301,121
57	5700	RENAL DIALYSIS		389,562	389,562	-217	389,345
59	3951	MCCR	51,853		51,853	-75	51,778
59.01	3952	WOUND CARE	170,045	175,252	345,297	-77,132	268,165
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	1,440,900	1,018,047	2,458,947	-596,799	1,862,148
61	6100	EMERGENCY	4,774,005	2,639,376	7,413,381	-489,370	6,924,011
61.01	6101	FAMILY PRACTICES	2,329,743	2,149,714	4,479,457	-507,482	3,971,975
61.02	6102	PSYCH DAY HOSPITAL	279,765	11,915	291,680	-559	291,121
61.03	6103	CARDIAC REHAB	628,351	109,950	738,301	-18,385	719,916
61.05	6105	CANCER CENTER					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	3,346,444	1,384,311	4,730,755	-109,574	4,621,181
95		SPEC PURPOSE COST CENTERS					
		SUBTOTALS	100,923,472	202,374,202	303,297,674	254,635	303,552,309
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		127,977	127,977		127,977
96.01	9601	COMMUNITY HEALTH	195,974	51,937	247,911	-2,434	245,477
96.02	9602	MARKETING	169,128	602,583	771,711		771,711
96.03	9603	PHYSICIAN DEVELOPMENT					
96.04	9604	FOOD SERVICE - RML					
96.05	9605	HOME DELIVERED MEALS					
96.06	9606	MACNEAL SCHOOL	1,735,627	623,747	2,359,374	-252,201	2,107,173
96.07	9607	CATERED MEALS					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	OTHER NONREIMBURSABLE					
98.02	9802	VACANT SPACE					
101		TOTAL	103,024,201	203,780,446	306,804,647	-0-	306,804,647



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-0054

I

I PERIOD:

I FROM 10/ 1/2009

I TO

9/30/2010

I

PREPARED 2/22/2011

WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	687,620	6,848,760
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	1,246,977	11,491,348
5	0500	EMPLOYEE BENEFITS	-543,835	19,046,126
6	0600	ADMINISTRATIVE & GENERAL	-82,130,503	48,048,684
7	0700	MAINTENANCE & REPAIRS	-289,137	1,881,853
9	0900	LAUNDRY & LINEN SERVICE	-21,129	750,993
10	1000	HOUSEKEEPING	-49	2,648,670
11	1100	DIETARY	-677,988	2,663,980
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-215,860	1,642,665
15	1500	CENTRAL SERVICES & SUPPLY		512,361
16	1600	PHARMACY	-16,285	6,159,170
17	1700	MEDICAL RECORDS & LIBRARY	-6,409	2,324,330
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		3,713,504
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-137,356	1,215,831
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-28,791	21,586,211
26	2600	INTENSIVE CARE UNIT	-19,852	4,422,163
31	3100	SUBPROVIDER	-31,407	2,226,320
33	3300	NURSERY	-721,635	1,275,377
34	3400	SKILLED NURSING FACILITY	-1,207	2,978,332
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-433,685	15,342,612
37.01	3701	SAME DAY SURGERY	-98	707,255
38	3800	RECOVERY ROOM	-97	820,842
39	3900	DELIVERY ROOM & LABOR ROOM	-1,148,056	2,042,362
40	4000	ANESTHESIOLOGY	-361,776	711,579
41	4100	RADIOLOGY-DIAGNOSTIC	174	5,655,324
41.01	3630	ULTRA SOUND		854,018
41.02	3230	CAT SCAN		1,058,222
43	4300	RADIOISOTOPE		826,126
44	4400	LABORATORY	-284,314	7,706,420
49	4900	RESPIRATORY THERAPY		1,519,131
50	5000	PHYSICAL THERAPY		2,570,441
53	5300	ELECTROCARDIOLOGY	-809,806	865,070
53.01	3120	CARDIAC CATHETERIZATION LABORATORY		7,126,641
53.02	3950	TCU REHAB		743,345
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,220,978
56	5600	DRUGS CHARGED TO PATIENTS		2,301,121
57	5700	RENAL DIALYSIS		389,345
59	3951	MCCR	-5,664	46,114
59.01	3952	WOUND CARE	-18,000	250,165
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-47	1,862,101
61	6100	EMERGENCY	-299,329	6,624,682
61.01	6101	FAMILY PRACTICES	-1,238,127	2,733,848
61.02	6102	PSYCH DAY HOSPITAL		291,121
61.03	6103	CARDIAC REHAB	-12,880	707,036
61.05	6105	CANCER CENTER		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY	-176,387	4,444,794
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-87,694,938	215,857,371
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		127,977
96.01	9601	COMMUNITY HEALTH		245,477
96.02	9602	MARKETING		771,711
96.03	9603	PHYSICIAN DEVELOPMENT		
96.04	9604	FOOD SERVICE - RML		
96.05	9605	HOME DELIVERED MEALS		
96.06	9606	MACNEAL SCHOOL		2,107,173
96.07	9607	CATERED MEALS		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	OTHER NONREIMBURSABLE		
98.02	9802	VACANT SPACE		
101		TOTAL	-87,694,938	219,109,709

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	TCU REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	MCCR	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.01	WOUND CARE	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	FAMILY PRACTICES	6101	EMERGENCY
61.02	PSYCH DAY HOSPITAL	6102	EMERGENCY
61.03	CARDIAC REHAB	6103	EMERGENCY
61.05	CANCER CENTER	6105	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	COMMUNITY HEALTH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	MARKETING	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PHYSICIAN DEVELOPMENT	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	FOOD SERVICE - RML	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HOME DELIVERED MEALS	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	MACNEAL SCHOOL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	CATERED MEALS	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT SPACE	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2009	2/22/2011
	TO 9/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE	
	(1) COST CENTER	2	LINE NO	3
	1	2	3	4
				5
1 REAL ESTATE TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3	1,035,958
2				
3				
4 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3	4,014,503
5		NEW CAP REL COSTS-MVBLE EQUIP	4	9,346,959
6 LEASES & RENTALS	C	NEW CAP REL COSTS-BLDG & FIXT	3	1,110,679
7		NEW CAP REL COSTS-MVBLE EQUIP	4	897,412
8		CLINIC	60	484
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56	2,301,121
30		CAT SCAN	41.02	3,845
31				
32				
33				
34				
35				

1 CHARGEABLE DRUGS

D

2  
3  
4  
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31  
32  
33  
34  
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24 CHARGEABLE MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	6,220,978
25		ADMINISTRATIVE & GENERAL	6	45,329
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2009	2/22/2011
	TO 9/30/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE	INCREASE		SALARY	OTHER
	(1) COST CENTER	LINE NO			
	1	2	3	4	5
1 CHARGEABLE MEDICAL SUPPLIES	E				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 INTERNS & RESIDENTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		14,759
29					
30 CHICAGO MARKET CHARGEBACKS	G	ADMINISTRATIVE & GENERAL	6	1,828,976	331,726
31					
32					
36 TOTAL RECLASSIFICATIONS				1,828,976	25,323,753

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2009	2/22/2011
	TO 9/30/2010	WORKSHEET A-6

----- DECREASE -----						A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 REAL ESTATE TAXES	A	ADMINISTRATIVE & GENERAL	6		787,724	13
2		MAINTENANCE & REPAIRS	7		224,632	
3		RADIOLOGY-DIAGNOSTIC	41		23,602	
4 DEPRECIATION	B	ADMINISTRATIVE & GENERAL	6		13,196,618	9
5		MAINTENANCE & REPAIRS	7		164,844	9
6 LEASES & RENTALS	C	EMPLOYEE BENEFITS	5		769	10
7		ADMINISTRATIVE & GENERAL	6		151,151	10
8		MAINTENANCE & REPAIRS	7		450,190	
9		LAUNDRY & LINEN SERVICE	9		76	
10		HOUSEKEEPING	10		8,375	
11		DIETARY	11		2,502	
12		CENTRAL SERVICES & SUPPLY	15		333,094	
13		ADULTS & PEDIATRICS	25		4,899	
14		INTENSIVE CARE UNIT	26		300	
15		SUBPROVIDER	31		150	
16		SKILLED NURSING FACILITY	34		254	
17		OPERATING ROOM	37		219,079	
18		RECOVERY ROOM	38		301	
19		DELIVERY ROOM & LABOR ROOM	39		200	
20		ANESTHESIOLOGY	40		87,023	
21		RADIOLOGY-DIAGNOSTIC	41		130,159	
22		RESPIRATORY THERAPY	49		125,788	
23		WOUND CARE	59.01		56,689	
24		FAMILY PRACTICES	61.01		175,373	
25		PSYCH DAY HOSPITAL	61.02		495	
26		CARDIAC REHAB	61.03		10,000	
27		COMMUNITY HEALTH	96.01		192	
28		MACNEAL SCHOOL	96.06		251,516	
29 CHARGEABLE DRUGS	D	EMPLOYEE BENEFITS	5		22,085	
30		MAINTENANCE & REPAIRS	7		1,640	
31		HOUSEKEEPING	10		2	
32		CENTRAL SERVICES & SUPPLY	15		639	
33		PHARMACY	16		1,366,148	
34		ADULTS & PEDIATRICS	25		68,382	
35		INTENSIVE CARE UNIT	26		10,103	
1 CHARGEABLE DRUGS	D	SUBPROVIDER	31		2,923	
2		NURSERY	33		45,547	
3		SKILLED NURSING FACILITY	34		9,755	
4		OPERATING ROOM	37		60,949	
5		SAME DAY SURGERY	37.01		1,104	
6		RECOVERY ROOM	38		1,048	
7		DELIVERY ROOM & LABOR ROOM	39		5,878	
8		ANESTHESIOLOGY	40		205,847	
9		RADIOLOGY-DIAGNOSTIC	41		141,792	
10		ULTRA SOUND	41.01		424	
11		RADIOISOTOPE	43		1,308	
12		RESPIRATORY THERAPY	49		55	
13		PHYSICAL THERAPY	50		1,111	
14		ELECTROCARDIOLOGY	53		670	
15		CARDIAC CATHETERIZATION LABORATORY	53.01		4,915	
16		MCCR	59		75	
17		WOUND CARE	59.01		5,674	
18		CLINIC	60		40,565	
19		EMERGENCY	61		28,401	
20		FAMILY PRACTICES	61.01		277,003	
21		CARDIAC REHAB	61.03		2	
22		HOME HEALTH AGENCY	71		236	
23		MACNEAL SCHOOL	96.06		685	
24 CHARGEABLE MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		1,461	
25		EMPLOYEE BENEFITS	5		1,935	
26		MAINTENANCE & REPAIRS	7		68	
27		LAUNDRY & LINEN SERVICE	9		5	
28		HOUSEKEEPING	10		64,346	
29		DIETARY	11		213	
30		NURSING ADMINISTRATION	14		915	
31		PHARMACY	16		25,864	
32		MEDICAL RECORDS & LIBRARY	17		1	
33		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		9	
34		ADULTS & PEDIATRICS	25		790,306	
35		INTENSIVE CARE UNIT	26		350,794	

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2009	2/22/2011
	TO 9/30/2010	WORKSHEET A-6
		CONTD

## ----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 CHARGEABLE MEDICAL SUPPLIES	E	SUBPROVIDER	31		16,197	
2		NURSERY	33		70,945	
3		SKILLED NURSING FACILITY	34		85,369	
4		OPERATING ROOM	37		2,310,772	
5		SAME DAY SURGERY	37.01		65,186	
6		RECOVERY ROOM	38		58,086	
7		DELIVERY ROOM & LABOR ROOM	39		131,835	
8		ANESTHESIOLOGY	40		322,726	
9		RADIOLOGY-DIAGNOSTIC	41		328,048	
10		ULTRA SOUND	41.01		9,550	
11		CAT SCAN	41.02		81,047	
12		RADIOISOTOPE	43		6,295	
13		LABORATORY	44		8,801	
14		RESPIRATORY THERAPY	49		86,633	
15		PHYSICAL THERAPY	50		55,818	
16		ELECTROCARDIOLOGY	53		16,515	
17		CARDIAC CATHERIZATION LABORATORY	53.01		183,176	
18		TCU REHAB	53.02		344	
19		RENAL DIALYSIS	57		217	
20		WOUND CARE	59.01		14,769	
21		CLINIC	60		556,718	
22		EMERGENCY	61		460,969	
23		FAMILY PRACTICES	61.01		44,832	
24		PSYCH DAY HOSPITAL	61.02		64	
25		CARDIAC REHAB	61.03		3,898	
26		HOME HEALTH AGENCY	71		109,338	
27		COMMUNITY HEALTH	96.01		2,242	
28 INTERNS & RESIDENTS	F	FAMILY PRACTICES	61.01		10,274	
29		CARDIAC REHAB	61.03		4,485	
30 CHICAGO MARKET CHARGEBACKS	G	EMPLOYEE BENEFITS	5	138	85,733	
31		MAINTENANCE & REPAIRS	7	132		
32		MEDICAL RECORDS & LIBRARY	17	1,828,706	245,993	
36 TOTAL RECLASSIFICATIONS				1,828,976	25,323,753	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2009	2/22/2011
	TO 9/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : REAL ESTATE TAXES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,035,958
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			1,035,958

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	787,724	
MAINTENANCE & REPAIRS	7	224,632	
RADIOLOGY-DIAGNOSTIC	41	23,602	
		1,035,958	

RECLASS CODE: B

EXPLANATION : DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,014,503
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,346,959
TOTAL RECLASSIFICATIONS FOR CODE B			13,361,462

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	13,196,618	
MAINTENANCE & REPAIRS	7	164,844	
		13,361,462	

RECLASS CODE: C

EXPLANATION : LEASES &amp; RENTALS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,110,679
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	897,412
3.00	CLINIC	60	484
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,008,575

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	769	
ADMINISTRATIVE & GENERAL	6	151,151	
MAINTENANCE & REPAIRS	7	450,190	
LAUNDRY & LINEN SERVICE	9	76	
HOUSEKEEPING	10	8,375	
DIETARY	11	2,502	
CENTRAL SERVICES & SUPPLY	15	333,094	
ADULTS & PEDIATRICS	25	4,899	
INTENSIVE CARE UNIT	26	300	
SUBPROVIDER	31	150	
SKILLED NURSING FACILITY	34	254	
OPERATING ROOM	37	219,079	
RECOVERY ROOM	38	301	
DELIVERY ROOM & LABOR ROOM	39	200	
ANESTHESIOLOGY	40	87,023	
RADIOLOGY-DIAGNOSTIC	41	130,159	
RESPIRATORY THERAPY	49	125,788	
WOUND CARE	59.01	56,689	
FAMILY PRACTICES	61.01	175,373	
PSYCH DAY HOSPITAL	61.02	495	
CARDIAC REHAB	61.03	10,000	
COMMUNITY HEALTH	96.01	192	
MACNEAL SCHOOL	96.06	251,516	
		2,008,575	

RECLASS CODE: D

EXPLANATION : CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,301,121
2.00	CAT SCAN	41.02	3,845
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	22,085	
MAINTENANCE & REPAIRS	7	1,640	
HOUSEKEEPING	10	2	
CENTRAL SERVICES & SUPPLY	15	639	
PHARMACY	16	1,366,148	
ADULTS & PEDIATRICS	25	68,382	
INTENSIVE CARE UNIT	26	10,103	
SUBPROVIDER	31	2,923	
NURSERY	33	45,547	
SKILLED NURSING FACILITY	34	9,755	
OPERATING ROOM	37	60,949	
SAME DAY SURGERY	37.01	1,104	
RECOVERY ROOM	38	1,048	
DELIVERY ROOM & LABOR ROOM	39	5,878	
ANESTHESIOLOGY	40	205,847	
RADIOLOGY-DIAGNOSTIC	41	141,792	
ULTRA SOUND	41.01	424	
RADIOISOTOPE	43	1,308	
RESPIRATORY THERAPY	49	55	
PHYSICAL THERAPY	50	1,111	
ELECTROCARDIOLOGY	53	670	
CARDIAC CATHETERIZATION LABORATO	53.01	4,915	
MCCR	59	75	

## RECLASSIFICATIONS

RECLASS CODE: D  
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
24.00			0	WOUND CARE	59.01	5,674	
25.00			0	CLINIC	60	40,565	
26.00			0	EMERGENCY	61	28,401	
27.00			0	FAMILY PRACTICES	61.01	277,003	
28.00			0	CARDIAC REHAB	61.03	2	
29.00			0	HOME HEALTH AGENCY	71	236	
30.00			0	MACNEAL SCHOOL	96.06	685	
TOTAL RECLASSIFICATIONS FOR CODE D			2,304,966				2,304,966

RECLASS CODE: E  
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,220,978	CENTRAL SERVICES & SUPPLY	15	1,461	
2.00	ADMINISTRATIVE & GENERAL	6	45,329	EMPLOYEE BENEFITS	5	1,935	
3.00			0	MAINTENANCE & REPAIRS	7	68	
4.00			0	LAUNDRY & LINEN SERVICE	9	5	
5.00			0	HOUSEKEEPING	10	64,346	
6.00			0	DIETARY	11	213	
7.00			0	NURSING ADMINISTRATION	14	915	
8.00			0	PHARMACY	16	25,864	
9.00			0	MEDICAL RECORDS & LIBRARY	17	1	
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	9	
11.00			0	ADULTS & PEDIATRICS	25	790,306	
12.00			0	INTENSIVE CARE UNIT	26	350,794	
13.00			0	SUBPROVIDER	31	16,197	
14.00			0	NURSERY	33	70,945	
15.00			0	SKILLED NURSING FACILITY	34	85,369	
16.00			0	OPERATING ROOM	37	2,310,772	
17.00			0	SAME DAY SURGERY	37.01	65,186	
18.00			0	RECOVERY ROOM	38	58,086	
19.00			0	DELIVERY ROOM & LABOR ROOM	39	131,835	
20.00			0	ANESTHESIOLOGY	40	322,726	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	328,048	
22.00			0	ULTRA SOUND	41.01	9,550	
23.00			0	CAT SCAN	41.02	81,047	
24.00			0	RADIOISOTOPE	43	6,295	
25.00			0	LABORATORY	44	8,801	
26.00			0	RESPIRATORY THERAPY	49	86,633	
27.00			0	PHYSICAL THERAPY	50	55,818	
28.00			0	ELECTROCARDIOLOGY	53	16,515	
29.00			0	CARDIAC CATHETERIZATION LABORATO	53.01	183,176	
30.00			0	TCU REHAB	53.02	344	
31.00			0	RENAL DIALYSIS	57	217	
32.00			0	WOUND CARE	59.01	14,769	
33.00			0	CLINIC	60	556,718	
34.00			0	EMERGENCY	61	460,969	
35.00			0	FAMILY PRACTICES	61.01	44,832	
36.00			0	PSYCH DAY HOSPITAL	61.02	64	
37.00			0	CARDIAC REHAB	61.03	3,898	
38.00			0	HOME HEALTH AGENCY	71	109,338	
39.00			0	COMMUNITY HEALTH	96.01	2,242	
TOTAL RECLASSIFICATIONS FOR CODE E			6,266,307				6,266,307

RECLASS CODE: F  
EXPLANATION : INTERNS & RESIDENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	14,759	FAMILY PRACTICES	61.01	10,274	
2.00			0	CARDIAC REHAB	61.03	4,485	
TOTAL RECLASSIFICATIONS FOR CODE F			14,759				14,759

RECLASS CODE: G  
EXPLANATION : CHICAGO MARKET CHARGEBACKS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,160,702	EMPLOYEE BENEFITS	5	85,871	
2.00			0	MAINTENANCE & REPAIRS	7	132	
3.00			0	MEDICAL RECORDS & LIBRARY	17	2,074,699	
TOTAL RECLASSIFICATIONS FOR CODE G			2,160,702				2,160,702



PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	1,373,316					1,373,316	
3	BUILDINGS & FIXTURE	75,253,870					75,253,870	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	25,634,812					25,634,812	
7	SUBTOTAL	102,261,998					102,261,998	
8	RECONCILING ITEMS							
9	TOTAL	102,261,998					102,261,998	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	2,251,653					2,251,653	
3	BUILDINGS & FIXTURE	44,241,267	1,908,507		1,908,507		46,149,774	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	140,508,152	10,330,646		10,330,646		150,838,798	
7	SUBTOTAL	187,001,072	12,239,153		12,239,153		199,240,225	
8	RECONCILING ITEMS							
9	TOTAL	187,001,072	12,239,153		12,239,153		199,240,225	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION				COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
				GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*				1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL			76,627,186		76,627,186	.254151				
2	OLD CAP REL COSTS-MV			25,634,812		25,634,812	.085024				
3	NEW CAP REL COSTS-BL			48,401,427		48,401,427	.160534				
4	NEW CAP REL COSTS-MV			150,838,798		150,838,798	.500291				
5	TOTAL			301,502,223		301,502,223	1.000000				

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,812,710	1,110,679	549,670	55,472	2,320,229		6,848,760
4	NEW CAP REL COSTS-MV	10,524,473	897,412		69,463			11,491,348
5	TOTAL	13,337,183	2,008,091	549,670	124,935	2,320,229		18,340,108

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

- \* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0054

I

I PERIOD:

I FROM 10/ 1/2009

I TO 9/30/2010

I PREPARED 2/22/2011

I WORKSHEET A-8

I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-243,174	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-92,870	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT	B	-440	ADMINISTRATIVE & GENERAL	6	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,340,744			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-12,912,469			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-643,628	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,352	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-34,278	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-1,201,793	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	1,271,702	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PATIENT PHONES	A	-396,036	ADMINISTRATIVE & GENERAL	6	
37.01 PATIENT PHONES	A	-20,889	EMPLOYEE BENEFITS	5	
37.02 PATIENT PHONES	A	-1,318	NEW CAP REL COSTS-MVBLE E	4	9
37.03 RENT INCOME	B	-4,519	ADMINISTRATIVE & GENERAL	6	
37.04 CONSULTATION	B	-6,650	ADMINISTRATIVE & GENERAL	6	
37.05 OTHER OPERATING REVENUE	B	-84,707	ADMINISTRATIVE & GENERAL	6	
37.06 RENT INCOME	B	-266,485	MAINTENANCE & REPAIRS	7	
37.07 OTHER OPERATING REVENUE	B	-21,029	LAUNDRY & LINEN SERVICE	9	
37.08 OTHER OPERATING REVENUE	B	4,250	NURSING ADMINISTRATION	14	
37.09 CONSULTATION	B	-4,893	ADULTS & PEDIATRICS	25	
37.10 FIRST PHOTO BABY PICTURES	B	-2,447	NURSERY	33	
37.11 OTHER OPERATING REVENUE	B	1,048	RADIOLOGY-DIAGNOSTIC	41	
37.12 OTHER OPERATING REVENUE	B	-266	LABORATORY	44	
37.13 OTHER OPERATING REVENUE	B	-8	ELECTROCARDIOLOGY	53	
37.14 OTHER OPERATING REVENUE	B	-5,664	MCCR	59	
37.15 OTHER OPERATING REVENUE	B	-1,000	EMERGENCY	61	
37.16 OTHER OPERATING REVENUE	B	-9,059	FAMILY PRACTICES	61.01	
37.17 OTHER OPERATING REVENUE	B	-90	CARDIAC REHAB	61.03	
37.18 OTHER OPERATING REVENUE	B	-929	HOME HEALTH AGENCY	71	
37.19 INTEREST INCOME	B	-102	ADMINISTRATIVE & GENERAL	6	
37.20 ADVERTISING		-115,186	EMPLOYEE BENEFITS	5	
37.21 ADVERTISING	A	-165	ADMINISTRATIVE & GENERAL	6	
37.22 ADVERTISING	A	-27,281	I&R SERVICES-OTHER PRGM C	23	
37.23 ADVERTISING	A	-2,339	ADULTS & PEDIATRICS	25	
37.24 ADVERTISING	A	-745	RADIOLOGY-DIAGNOSTIC	41	
37.25 ADVERTISING	A	-3,000	FAMILY PRACTICES	61.01	
37.26 ADVERTISING	A	-690	HOME HEALTH AGENCY	71	
37.27 OTHER OPERATING EXPENSES	A	-109,611	ADMINISTRATIVE & GENERAL	6	
37.28 OTHER OPERATING EXPENSES	A	-921	NURSING ADMINISTRATION	14	
37.29 OTHER OPERATING EXPENSES	A	-428	ADULTS & PEDIATRICS	25	
37.30 OTHER OPERATING EXPENSES	A	-68	OPERATING ROOM	37	
37.31 OTHER OPERATING EXPENSES	A	-98	SAME DAY SURGERY	37.01	
37.32 OTHER OPERATING EXPENSES	A	-97	RECOVERY ROOM	38	
37.33 OTHER OPERATING EXPENSES	A	-129	RADIOLOGY-DIAGNOSTIC	41	
37.34 OTHER OPERATING EXPENSES	A	-732	LABORATORY	44	
37.35 OTHER OPERATING EXPENSES	A	-77	ELECTROCARDIOLOGY	53	
37.36 OTHER OPERATING EXPENSES	A	-6,220	FAMILY PRACTICES	61.01	
37.37 OTHER OPERATING EXPENSES	A	-129	HOME HEALTH AGENCY	71	
37.38 PHYSICIAN RECRUITMENT	A	-144,335	ADMINISTRATIVE & GENERAL	6	
37.39 PHYSICIAN RECRUITMENT	A	-20,631	EMPLOYEE BENEFITS	5	
37.40 NON-ALLOWABLE MEALS	A	-6,300	EMPLOYEE BENEFITS	5	
37.41 NON-ALLOWABLE MEALS	A	-23,938	ADMINISTRATIVE & GENERAL	6	
37.42 NON-ALLOWABLE MEALS	A	-410	LABORATORY	44	
37.43 NON-ALLOWABLE MEALS	A	-1,593	FAMILY PRACTICES	61.01	
37.44 NON-ALLOWABLE MEALS	A	-12,526	CARDIAC REHAB	61.03	
37.45 NON-ALLOWABLE TRAVEL	A	-10,812	ADMINISTRATIVE & GENERAL	6	
37.46 NON-ALLOWABLE TRAVEL	A	-1,258	DELIVERY ROOM & LABOR ROO	39	
37.47 NON-ALLOWABLE TRAVEL	A	-9,370	LABORATORY	44	
37.48 NON-ALLOWABLE TRAVEL	A	-6,548	FAMILY PRACTICES	61.01	

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0054

I

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD

I PERIOD:

I FROM 10/ 1/2009

I TO

I PREPARED

2/22/2011

I WORKSHEET A-8

I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
37.49 NON-ALLOWABLE TRAVEL	A	184	HOME HEALTH AGENCY	71	
37.50 DUES & SUBSCRIPTIONS	A	-6,694	ADMINISTRATIVE & GENERAL	6	
37.51 DUES & SUBSCRIPTIONS	A	-2,680	DELIVERY ROOM & LABOR ROO	39	
37.52 DUES & SUBSCRIPTIONS	A	-1,193	LABORATORY	44	
37.53 LOBBYING DUES	A	-51,733	ADMINISTRATIVE & GENERAL	6	
37.54 LOBBYING DUES	A	-57	MEDICAL RECORDS & LIBRARY	17	
37.55 PURCHASED SERVICES	A	-33,715	EMPLOYEE BENEFITS	5	
37.56 PURCHASED SERVICES	A	-180,612	ADMINISTRATIVE & GENERAL	6	
37.57 PURCHASED SERVICES	A	-1,200	SKILLED NURSING FACILITY	34	
37.58 DONATIONS & CONTRIBUTIONS	A	-31,220	ADMINISTRATIVE & GENERAL	6	
37.59 DONATIONS & CONTRIBUTIONS	A	-1,000	FAMILY PRACTICES	61.01	
37.60 PATIENT TRANSPORTATION	A	-15	EMPLOYEE BENEFITS	5	
37.61 PATIENT TRANSPORTATION	A	-803	ADMINISTRATIVE & GENERAL	6	
37.62 PATIENT TRANSPORTATION	A	-393	NURSING ADMINISTRATION	14	
37.63 PATIENT TRANSPORTATION	A	-90	PHARMACY	16	
37.64 PATIENT TRANSPORTATION	A	-59	I&R SERVICES-OTHER PRGM C	23	
37.65 PATIENT TRANSPORTATION	A	-3,096	ADULTS & PEDIATRICS	25	
37.66 PATIENT TRANSPORTATION	A	-150	INTENSIVE CARE UNIT	26	
37.67 PATIENT TRANSPORTATION	A	-447	SUBPROVIDER	31	
37.68 PATIENT TRANSPORTATION	A	-7	SKILLED NURSING FACILITY	34	
37.69 PATIENT TRANSPORTATION	A	-32	OPERATING ROOM	37	
37.70 PATIENT TRANSPORTATION	A	-97	DELIVERY ROOM & LABOR ROO	39	
37.71 PATIENT TRANSPORTATION	A	-47	CLINIC	60	
37.72 PATIENT TRANSPORTATION	A	-10,323	EMERGENCY	61	
37.73 BAD DEBT EXPENSES	A	-14,843,415	ADMINISTRATIVE & GENERAL	6	
37.74 BAD DEBT EXPENSES	A	-5	DIETARY	11	
37.75 BAD DEBT EXPENSES	A	-11,195	PHARMACY	16	
37.76 BAD DEBT EXPENSES	A	-7,372	DELIVERY ROOM & LABOR ROO	39	
37.77 BAD DEBT EXPENSES	A	-272,343	LABORATORY	44	
37.78 BAD DEBT EXPENSES	A	-25,072	ELECTROCARDIOLOGY	53	
37.79 BAD DEBT EXPENSES	A	-38,999	FAMILY PRACTICES	61.01	
37.80 BAD DEBT EXPENSES	A	-96,814	HOME HEALTH AGENCY	71	
37.81 ALCOHOL & LIQUOR	A	-26	EMPLOYEE BENEFITS	5	
37.82 ALCOHOL & LIQUOR	A	-4,994	ADMINISTRATIVE & GENERAL	6	
37.83 ALCOHOL & LIQUOR	A	-1,525	I&R SERVICES-OTHER PRGM C	23	
37.84 ALCOHOL & LIQUOR	A	-61	FAMILY PRACTICES	61.01	
37.85 EQUITY METHOD INVEST INCOME	A	245,129	ADMINISTRATIVE & GENERAL	6	
37.86 NON-PATIENT BAD DEBT EXPENSE	A	506	ADMINISTRATIVE & GENERAL	6	
37.87 NON-PATIENT BAD DEBT EXPENSE	A	-22,652	MAINTENANCE & REPAIRS	7	
37.88 BOARD RELATIONS	A	-650	ADMINISTRATIVE & GENERAL	6	
37.89 PENALTIES & FINES	A	36,902	ADMINISTRATIVE & GENERAL	6	
37.90 PENALTIES & FINES	A	-100	LAUNDRY & LINEN SERVICE	9	
37.91 OFFICE OF PRESIDENT PHYSICIAN	A	-7,622	ADMINISTRATIVE & GENERAL	6	
37.92 PHYSICIAN CONTINUING EDUCATION	A	-34,772	I&R SERVICES-OTHER PRGM C	23	
37.93 PHYSICIAN CONTINUING EDUCATION	A	-2,090	DELIVERY ROOM & LABOR ROO	39	
37.94 PHYSICIAN CONTINUING EDUCATION	A	-595	FAMILY PRACTICES	61.01	
37.95 PHYSICIAN INTERVIEW EXPENSE	A	-46	ADMINISTRATIVE & GENERAL	6	
37.96 PHYSICIAN RELOCATION EXPENSE	A	-569,466	ADMINISTRATIVE & GENERAL	6	
37.97 PHYSICIAN DUES & SUBSCRIPTION	A	-9,221	I&R SERVICES-OTHER PRGM C	23	
37.98 PHYSICIAN DUES & SUBSCRIPTION	A	-4,115	FAMILY PRACTICES	61.01	
37.99 EMPLOYEE BENEFITS	A	-291	EMPLOYEE BENEFITS	5	
38 EMPLOYEE BENEFITS	A	-152	ADMINISTRATIVE & GENERAL	6	
38.01 EMPLOYEE BENEFITS	A	-49	HOUSEKEEPING	10	
38.02 EMPLOYEE BENEFITS	A	-77	DIETARY	11	
38.03 EMPLOYEE BENEFITS	A	-13	I&R SERVICES-OTHER PRGM C	23	
38.04 EMPLOYEE BENEFITS	A	-321	ADULTS & PEDIATRICS	25	
38.05 EMPLOYEE BENEFITS	A	-6	EMERGENCY	61	
38.06 EMPLOYEE BENEFITS	A	-124	CARDIAC REHAB	61.03	
38.07 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	6	
38.08 PROVIDER BASED PHYSICIANS EXPENSE	A	-12,153	ADMINISTRATIVE & GENERAL	6	
38.09 PROVIDER BASED PHYSICIANS EXPENSE	A	11,262	FAMILY PRACTICES	61.01	
38.10 PROPERTY TAXES TO STATEMENTS	A	1,284,271	NEW CAP REL COSTS-BLDG &	3	13
38.11 MEDICAL STAFF RELATIONS	A	-145,113	ADMINISTRATIVE & GENERAL	6	
38.12 MEDICAL STAFF RELATIONS	A	-140	CARDIAC REHAB	61.03	
38.13 IDPA TAX ASSESSMENT	A	-9,180,518	ADMINISTRATIVE & GENERAL	6	
38.14 IMPAIRMENT EXPENSE	A	-43,121,946	ADMINISTRATIVE & GENERAL	6	
38.15					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-87,694,938			

## ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET A-8  
I I TO 9/30/2010 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-87,694,938			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	53,562	-53,562	
2	6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	80,662	-80,662	
3	6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	9,329,391	-9,329,391	
4	71	HOME HEALTH AGENCY	MALPRACTICE INSURANCE	78,009	-78,009	
4.01	5	EMPLOYEE BENEFITS	WORKERS COMP	1,209,518	-1,209,518	
4.02	6	ADMINISTRATIVE & GENERAL	WORKERS COMP	329	-329	
4.03	23	I&R SERVICES-OTHER PRGM C	WORKERS COMP	654	-654	
4.04	6	ADMINISTRATIVE & GENERAL	ITS OPERATIONS	106,604	-106,604	
4.05	6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	11,333,847	-11,333,847	
4.06	6	ADMINISTRATIVE & GENERAL	MGT FEES-ADMIN	5,177,241	-5,177,241	
4.07	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INSURANCE	55,472	55,472	12
4.08	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INSURANCE	69,463	69,463	12
4.09	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABI	10,953,623	10,953,623	
4.10	5	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COM	1,114,252	1,114,252	
4.11	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INTEREST EX	549,670	549,670	11
4.12	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EX	380,265	380,265	
4.13	6	ADMINISTRATIVE & GENERAL	FUNCT. ALLOC.-CENTRAL REG	1,291,834	1,291,834	
4.14	6	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	4,611,364	4,611,364	
4.15	6	ADMINISTRATIVE & GENERAL	FINANCE DEPT.	804,082	-545,659	
4.16	5	EMPLOYEE BENEFITS	FINANCE DEPT.	967,632	-251,516	
4.17	44	LABORATORY	GENESIS CLINICAL LAB	1,900,782	1,900,782	
4.18	6	ADMINISTRATIVE & GENERAL	CORPORATE OVERHEAD	3,771,420	-3,771,420	
4.19						
4.20						
5		TOTALS	22,698,439	35,610,908	-12,912,469	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	VANGUARD HEALTH SYSTEMS	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET A-8-2  
 I I TO 9/30/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	68,915	64,115	4,800	177,200	25	2,130	107
2 14	NURSING ADMINISTRATION	223,396	217,532	5,864	177,200	54	4,600	230
3 16	PHARMACY	5,000	5,000					
4 23	I&R SERVICES-OTHER PRGM C	99,031	63,831	35,200	177,200	464	39,529	1,976
5 25	ADULTS & PEDIATRICS	29,045	7,500	21,545	177,200	133	11,331	567
6 26	INTENSIVE CARE UNIT	53,438		53,438	177,200	396	33,736	1,687
7 31	SUBPROVIDER	54,665	30,960	23,705	154,100	367	27,190	1,360
8 33	NURSERY	719,188	719,188					
9 37	OPERATING ROOM	433,585	433,585					
10 39	DELIVERY ROOM & LABOR ROO	1,134,559	1,134,559					
11 40	ANESTHESIOLOGY	366,784	353,284	13,500	200,300	52	5,008	250
12 53	ELECTROCARDIOLOGY	784,649	784,649					
13 59	1 WOUND CARE	18,000	18,000					
14 61	EMERGENCY	288,000	288,000					
15 61	1 FAMILY PRACTICES	1,178,199	1,178,199					
16 61	2 PSYCH DAY HOSPITAL	8,170		8,170	154,100	132	9,779	489
17								
101	TOTAL	5,464,624	5,298,402	166,222		1,623	133,303	6,666

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL					2,130	2,670	66,785
2 14	NURSING ADMINISTRATION					4,600	1,264	218,796
3 16	PHARMACY							5,000
4 23	I&R SERVICES-OTHER PRGM C					39,529		63,831
5 25	ADULTS & PEDIATRICS					11,331	10,214	17,714
6 26	INTENSIVE CARE UNIT					33,736	19,702	19,702
7 31	SUBPROVIDER					27,190		30,960
8 33	NURSERY							719,188
9 37	OPERATING ROOM							433,585
10 39	DELIVERY ROOM & LABOR ROO							1,134,559
11 40	ANESTHESIOLOGY					5,008	8,492	361,776
12 53	ELECTROCARDIOLOGY							784,649
13 59	1 WOUND CARE							18,000
14 61	EMERGENCY							288,000
15 61	1 FAMILY PRACTICES							1,178,199
16 61	2 PSYCH DAY HOSPITAL					9,779		
17								
101	TOTAL					133,303	42,342	5,340,744

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTES		ENTERED
14	NURSING ADMINISTRATION	20	DIRECT	HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQ	ENTERED
16	PHARMACY	13	COSTED	REQUIS-PHA	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	ENTERED



## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	Sa.00
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	6,848,760			6,848,760			
005	NEW CAP REL COSTS-MVBLE E	11,491,348				11,491,348		
006	EMPLOYEE BENEFITS	19,046,126					19,046,126	
007	ADMINISTRATIVE & GENERAL	48,048,684			705,277	1,183,365	3,497,390	53,434,716
008	MAINTENANCE & REPAIRS	1,881,853			2,786,873	4,676,021	36,003	9,380,750
009	LAUNDRY & LINEN SERVICE	750,993			4,414	7,407	103,033	865,847
010	HOUSEKEEPING	2,648,670			57,703	96,818	390,356	3,193,547
011	DIETARY	2,663,980			167,526	281,088	428,653	3,541,247
012	CAFETERIA				63,305	106,217		169,522
014	NURSING ADMINISTRATION	1,642,665			12,946	21,722	275,443	1,952,776
015	CENTRAL SERVICES & SUPPLY	512,361			36,081	60,540	62,183	671,165
016	PHARMACY	6,159,170			44,623	74,871	384,680	6,663,344
017	MEDICAL RECORDS & LIBRARY	2,324,330			46,490	78,004	399,657	2,848,481
022	I&R SERVICES-SALARY & FRI	3,713,504					697,485	4,410,989
023	I&R SERVICES-OTHER PRGM C	1,215,831			54,103	90,777		1,360,711
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	21,586,211			733,947	1,231,469	3,607,155	27,158,782
031	INTENSIVE CARE UNIT	4,422,163			72,488	121,625	766,192	5,382,468
033	SUBPROVIDER	2,226,320			115,320	193,492	400,688	2,935,820
034	NURSERY	1,275,377			32,663	54,804	227,170	1,590,014
037	SKILLED NURSING FACILITY	2,978,332			113,184	189,909	521,552	3,802,977
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	15,342,612			240,292	403,179	729,437	16,715,520
038	01 SAME DAY SURGERY	707,255			33,189	55,687	112,458	908,589
039	RECOVERY ROOM	820,842			25,395	42,609	143,927	1,032,773
040	DELIVERY ROOM & LABOR ROO	2,042,362			71,683	120,276	334,834	2,569,155
041	ANESTHESIOLOGY	711,579			1,724	2,892	75,486	791,681
041	RADIOLOGY-DIAGNOSTIC	5,655,324			239,507	401,862	748,881	7,045,574
041	01 ULTRA SOUND	854,018					144,956	998,974
041	02 CAT SCAN	1,058,222			17,715	29,724	146,705	1,252,366
043	RADIOISOTOPE	826,126			18,701	31,378	58,526	934,731
044	LABORATORY	7,706,420			187,607	314,780	794,450	9,003,257
049	RESPIRATORY THERAPY	1,519,131			20,262	33,997	238,766	1,812,156
050	PHYSICAL THERAPY	2,570,441			89,743	150,578	465,789	3,276,551
053	ELECTROCARDIOLOGY	865,070			20,358	34,158	142,672	1,062,258
053	01 CARDIAC CATHETERIZATION LAB	7,126,641			36,110	60,588	145,096	7,368,435
053	02 TCU REHAB	743,345			25,663	43,059	126,916	938,983
055	MEDICAL SUPPLIES CHARGED	6,220,978						6,220,978
056	DRUGS CHARGED TO PATIENTS	2,301,121						2,301,121
057	RENAL DIALYSIS	389,345			2,825	4,740		396,910
059	MCCR	46,114					9,739	55,853
059	01 WOUND CARE	250,165					31,939	282,104
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	1,862,101			66,762	112,017	270,636	2,311,516
061	EMERGENCY	6,624,682			125,154	209,993	896,673	7,856,502
061	01 FAMILY PRACTICES	2,733,848			123,564	207,325	437,767	3,502,504
061	02 PSYCH DAY HOSPITAL	291,121			126,619	212,451	52,547	682,738
061	03 CARDIAC REHAB	707,036			70,247	117,866	117,177	1,012,326
061	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	4,444,794			28,239	47,381	628,542	5,148,956
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	215,857,371			6,618,302	11,104,669	18,651,559	214,845,667
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	127,977			9,384	15,745		153,106
096	01 COMMUNITY HEALTH	245,477					36,809	282,286
096	02 MARKETING	771,711			13,741	23,056	31,766	840,274
096	03 PHYSICIAN DEVELOPMENT							
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS							
096	06 MACNEAL SCHOOL	2,107,173					325,992	2,433,165
096	07 CATERED MEALS							
098	PHYSICIANS' PRIVATE OFFIC				159,483	267,592		427,075
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE				47,850	80,286		128,136
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	219,109,709			6,848,760	11,491,348	19,046,126	219,109,709

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	53,434,716						
007	MAINTENANCE & REPAIRS	3,025,545	12,406,295					
009	LAUNDRY & LINEN SERVICE	279,259	16,316	1,161,422				
010	HOUSEKEEPING	1,030,005	213,275		4,436,827			
011	DIETARY	1,142,148	619,191		225,615	5,528,201		
012	CAFETERIA	54,675	233,980		85,255	1,749,722	2,293,154	
014	NURSING ADMINISTRATION	629,823	47,851		17,435		35,520	2,683,405
015	CENTRAL SERVICES & SUPPLY	216,469	133,359	69,898	48,592		23,820	
016	PHARMACY	2,149,108	164,929		60,095		52,344	
017	MEDICAL RECORDS & LIBRARY	918,712	171,830		62,610		85,492	
022	I&R SERVICES-SALARY & FRI	1,422,663					135,324	
023	I&R SERVICES-OTHER PRGM C	438,866	199,967		72,862			33
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	8,759,504	2,712,728	392,273	988,436	1,578,233	637,731	1,295,421
026	INTENSIVE CARE UNIT	1,735,991	267,921	25,061	97,622	137,928	93,924	242,482
031	SUBPROVIDER	946,881	426,231	26,311	155,306	196,374	65,998	124,037
033	NURSERY	512,822	120,724	16,995	43,988		28,863	102,001
034	SKILLED NURSING FACILITY	1,226,563	418,339	70,069	152,430	347,084	103,491	145,079
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,391,207	888,138	77,717	323,611		132,912	106,162
037	01 SAME DAY SURGERY	293,044	122,670	33,845	44,697		17,800	42,334
038	RECOVERY ROOM	333,097	93,861	22,862	34,200		19,634	49,267
039	DELIVERY ROOM & LABOR ROO	828,622	264,948	39,543	96,539		40,523	116,406
040	ANESTHESIOLOGY	255,338	6,371	4,645	2,321		12,657	19,106
041	RADIOLOGY-DIAGNOSTIC	2,272,388	885,236	71,744	322,554		130,201	26,058
041	01 ULTRA SOUND	322,196					18,777	
041	02 CAT SCAN	403,922	65,476		23,858		23,481	5,208
043	RADIOISOTOPE	301,476	69,121		25,186		6,877	
044	LABORATORY	2,903,793	693,409		252,658		67,433	
049	RESPIRATORY THERAPY	584,469	74,890		27,288		40,185	
050	PHYSICAL THERAPY	1,056,776	331,698	23,459	120,861		80,967	
053	ELECTROCARDIOLOGY	342,607	75,244	3,659	27,417		23,561	10,089
053	01 CARDIAC CATHETERIZATION LAB	2,376,519	133,465	10,744	48,631		15,448	31,395
053	02 TCU REHAB	302,847	94,852		34,561			
055	MEDICAL SUPPLIES CHARGED	2,006,433						
056	DRUGS CHARGED TO PATIENTS	742,174						
057	RENAL DIALYSIS	128,014	10,441		3,804			
059	MCCR	18,014					1,535	
059	01 WOUND CARE	90,986					5,322	6,822
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	745,526	246,756	40,727	89,911		48,576	78,348
061	EMERGENCY	2,533,934	462,579	182,328	168,550		156,672	244,529
061	01 FAMILY PRACTICES	1,129,652	456,704	2,610	166,409			5,456
061	02 PSYCH DAY HOSPITAL	220,201	467,994		170,523		9,548	5,897
061	03 CARDIAC REHAB	326,502	259,639	489	94,605		20,331	24,281
061	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	1,660,677	104,372		38,030		74,509	2,994
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	52,059,448	11,554,505	1,114,979	4,126,460	4,009,341	2,209,456	2,683,405
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	49,381	34,685		12,638			
096	01 COMMUNITY HEALTH	91,045					5,462	
096	02 MARKETING	271,011	50,788		18,506		5,521	
096	03 PHYSICIAN DEVELOPMENT							
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS					67,005		
096	06 MACNEAL SCHOOL	784,761		54		178,879	72,715	
096	07 CATERED MEALS					1,272,976		
098	PHYSICIANS' PRIVATE OFFIC	137,743	589,461	46,389	214,782			
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE	41,327	176,856		64,441			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	53,434,716	12,406,295	1,161,422	4,436,827	5,528,201	2,293,154	2,683,405

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26
		15	16	17	22	23	25	
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
009	MAINTENANCE & REPAIRS							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	1,163,303						
017	PHARMACY		9,089,820					
022	MEDICAL RECORDS & LIBRARY			4,087,125				
023	I&R SERVICES-SALARY & FRI				5,968,976			
023	I&R SERVICES-OTHER PRGM C					2,072,439		
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS			432,474	2,072,126	719,446	46,747,154	-2,791,572
031	INTENSIVE CARE UNIT			63,662			8,047,059	
033	SUBPROVIDER			66,596	64,540	22,408	5,030,502	-86,948
034	NURSERY			35,493			2,450,900	
037	SKILLED NURSING FACILITY			40,280			6,306,312	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			384,970	412,665	143,278	24,576,180	-555,943
038	01 SAME DAY SURGERY			772			1,463,751	
039	RECOVERY ROOM			79,967			1,665,661	
040	DELIVERY ROOM & LABOR ROO			101,238			4,056,974	
041	ANESTHESIOLOGY			136,368			1,228,487	
041	RADIOLOGY-DIAGNOSTIC			368,145			11,121,900	
041	01 ULTRA SOUND			66,492			1,406,439	
043	02 CAT SCAN			259,202			2,033,513	
044	RADIOISOTOPE			50,193			1,387,584	
049	LABORATORY			328,860			13,249,410	
050	RESPIRATORY THERAPY			43,649			2,582,637	
053	PHYSICAL THERAPY			77,784			4,968,096	
053	ELECTROCARDIOLOGY			99,416			1,644,251	
053	01 CARDIAC CATHETERIZATION LAB			95,131			10,079,768	
055	02 TCU REHAB			9,835			1,381,078	
056	MEDICAL SUPPLIES CHARGED	1,163,303		387,526			9,778,240	
057	DRUGS CHARGED TO PATIENTS		9,089,820	451,387			12,584,502	
059	RENAL DIALYSIS			5,629			544,798	
059	MCCR						75,402	
059	01 WOUND CARE			3,577			388,811	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC			94,561			3,655,921	
061	EMERGENCY			304,675	206,333	71,639	12,187,741	-277,972
061	01 FAMILY PRACTICES			38,918	3,213,312	1,115,668	9,631,233	-4,328,980
061	02 PSYCH DAY HOSPITAL			11,710			1,568,611	
061	03 CARDIAC REHAB			12,945			1,751,118	
062	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY			35,670			7,065,208	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,163,303	9,089,820	4,087,125	5,968,976	2,072,439	210,659,241	-8,041,415
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						249,810	
096	01 COMMUNITY HEALTH						378,793	
096	02 MARKETING						1,186,100	
096	03 PHYSICIAN DEVELOPMENT							
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS						67,005	
096	06 MACNEAL SCHOOL						3,469,574	
096	07 CATERED MEALS						1,272,976	
098	PHYSICIANS' PRIVATE OFFIC						1,415,450	
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE						410,760	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,163,303	9,089,820	4,087,125	5,968,976	2,072,439	219,109,709	-8,041,415

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I I TO 9/30/2010 I PART I

## TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENERAL	
007 MAINTENANCE & REPAIRS	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	43,955,582
026 INTENSIVE CARE UNIT	8,047,059
031 SUBPROVIDER	4,943,554
033 NURSERY	2,450,900
034 SKILLED NURSING FACILITY	6,306,312
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	24,020,237
037 01 SAME DAY SURGERY	1,463,751
038 RECOVERY ROOM	1,665,661
039 DELIVERY ROOM & LABOR ROO	4,056,974
040 ANESTHESIOLOGY	1,228,487
041 RADIOLOGY-DIAGNOSTIC	11,121,900
041 01 ULTRA SOUND	1,406,439
041 02 CAT SCAN	2,033,513
043 RADIOISOTOPE	1,387,584
044 LABORATORY	13,249,410
049 RESPIRATORY THERAPY	2,582,637
050 PHYSICAL THERAPY	4,968,096
053 ELECTROCARDIOLOGY	1,644,251
053 01 CARDIAC CATHETERIZATION LAB	10,079,768
053 02 TCU REHAB	1,381,078
055 MEDICAL SUPPLIES CHARGED	9,778,240
056 DRUGS CHARGED TO PATIENTS	12,584,502
057 RENAL DIALYSIS	544,798
059 MCCR	75,402
059 01 WOUND CARE	388,811
OUTPAT SERVICE COST CNTRS	
060 CLINIC	3,655,921
061 EMERGENCY	11,909,769
061 01 FAMILY PRACTICES	5,302,253
061 02 PSYCH DAY HOSPITAL	1,568,611
061 03 CARDIAC REHAB	1,751,118
061 05 CANCER CENTER	
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
071 HOME HEALTH AGENCY	7,065,208
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	202,617,826
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	249,810
096 01 COMMUNITY HEALTH	378,793
096 02 MARKETING	1,186,100
096 03 PHYSICIAN DEVELOPMENT	
096 04 FOOD SERVICE - RML	
096 05 HOME DELIVERED MEALS	67,005
096 06 MACNEAL SCHOOL	3,469,574
096 07 CATERED MEALS	1,272,976
098 PHYSICIANS' PRIVATE OFFIC	1,415,450
098 01 OTHER NONREIMBURSABLE	
098 02 VACANT SPACE	410,760
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	211,068,294

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I TO 9/30/2010 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL				705,277	1,183,365	1,888,642	
007	MAINTENANCE & REPAIRS				2,786,873	4,676,021	7,462,894	
009	LAUNDRY & LINEN SERVICE				4,414	7,407	11,821	
010	HOUSEKEEPING				57,703	96,818	154,521	
011	DIETARY				167,526	281,088	448,614	
012	CAFETERIA				63,305	106,217	169,522	
014	NURSING ADMINISTRATION				12,946	21,722	34,668	
015	CENTRAL SERVICES & SUPPLY				36,081	60,540	96,621	
016	PHARMACY				44,623	74,871	119,494	
017	MEDICAL RECORDS & LIBRARY				46,490	78,004	124,494	
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
023	INPAT ROUTINE SRVC CNTRS				54,103	90,777	144,880	
025	ADULTS & PEDIATRICS				733,947	1,231,469	1,965,416	
026	INTENSIVE CARE UNIT				72,488	121,625	194,113	
031	SUBPROVIDER				115,320	193,492	308,812	
033	NURSERY				32,663	54,804	87,467	
034	SKILLED NURSING FACILITY				113,184	189,909	303,093	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				240,292	403,179	643,471	
037 01	SAME DAY SURGERY				33,189	55,687	88,876	
038	RECOVERY ROOM				25,395	42,609	68,004	
039	DELIVERY ROOM & LABOR ROO				71,683	120,276	191,959	
040	ANESTHESIOLOGY				1,724	2,892	4,616	
041	RADIOLOGY-DIAGNOSTIC				239,507	401,862	641,369	
041 01	ULTRA SOUND							
041 02	CAT SCAN				17,715	29,724	47,439	
043	RADIOISOTOPE				18,701	31,378	50,079	
044	LABORATORY				187,607	314,780	502,387	
049	RESPIRATORY THERAPY				20,262	33,997	54,259	
050	PHYSICAL THERAPY				89,743	150,578	240,321	
053	ELECTROCARDIOLOGY				20,358	34,158	54,516	
053 01	CARDIAC CATHETERIZATION LAB				36,110	60,588	96,698	
053 02	TCU REHAB				25,663	43,059	68,722	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
059	MCCR				2,825	4,740	7,565	
059 01	WOUND CARE							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC				66,762	112,017	178,779	
061	EMERGENCY				125,154	209,993	335,147	
061 01	FAMILY PRACTICES				123,564	207,325	330,889	
061 02	PSYCH DAY HOSPITAL				126,619	212,451	339,070	
061 03	CARDIAC REHAB				70,247	117,866	188,113	
061 05	CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY				28,239	47,381	75,620	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				6,618,302	11,104,669	17,722,971	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				9,384	15,745	25,129	
096 01	COMMUNITY HEALTH							
096 02	MARKETING				13,741	23,056	36,797	
096 03	PHYSICIAN DEVELOPMENT							
096 04	FOOD SERVICE - RML							
096 05	HOME DELIVERED MEALS							
096 06	MACNEAL SCHOOL							
096 07	CATERED MEALS							
098	PHYSICIANS' PRIVATE OFFIC				159,483	267,592	427,075	
098 01	OTHER NONREIMBURSABLE							
098 02	VACANT SPACE				47,850	80,286	128,136	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				6,848,760	11,491,348	18,340,108	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I I TO 9/30/2010 I PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	1,888,642						
009	MAINTENANCE & REPAIRS	106,941	7,569,835					
010	LAUNDRY & LINEN SERVICE	9,871	9,955	31,647				
011	HOUSEKEEPING	36,406	130,132		321,059			
012	DIETARY	40,370	377,806		16,326	883,116		
014	CAFETERIA	1,933	142,765		6,169	279,513	599,902	
015	NURSING ADMINISTRATION	22,262	29,197		1,262		9,292	96,681
016	CENTRAL SERVICES & SUPPLY	7,651	81,370	1,905	3,516		6,231	
017	PHARMACY	75,962	100,633		4,349		13,693	
022	MEDICAL RECORDS & LIBRARY	32,473	104,844		4,531		22,365	
023	I&R SERVICES-SALARY & FRI	50,285					35,402	
025	I&R SERVICES-OTHER PRGM C	15,512	122,012		5,272			1
026	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	309,556	1,655,199	10,689	71,525	252,119	166,834	46,674
031	INTENSIVE CARE UNIT	61,360	163,475	683	7,064	22,034	24,571	8,736
033	SUBPROVIDER	33,468	260,070	717	11,238	31,370	17,265	4,469
033	NURSERY	18,126	73,661	463	3,183		7,551	3,675
034	SKILLED NURSING FACILITY	43,354	255,254	1,909	11,030	55,446	27,074	5,227
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	190,557	541,907	2,118	23,417		34,771	3,825
038	01 SAME DAY SURGERY	10,358	74,849	922	3,234		4,657	1,525
039	RECOVERY ROOM	11,774	57,270	623	2,475		5,136	1,775
040	DELIVERY ROOM & LABOR ROO	29,288	161,661	1,077	6,986		10,601	4,194
041	ANESTHESIOLOGY	9,025	3,887	127	168		3,311	688
041	RADIOLOGY-DIAGNOSTIC	80,320	540,136	1,955	23,341		34,061	939
041	01 ULTRA SOUND	11,388					4,912	
041	02 CAT SCAN	14,277	39,951		1,726		6,143	188
043	RADIOISOTOPE	10,656	42,175		1,823		1,799	
044	LABORATORY	102,637	423,091		18,283		17,641	
049	RESPIRATORY THERAPY	20,659	45,695		1,975		10,513	
050	PHYSICAL THERAPY	37,353	202,389	639	8,746		21,181	
053	ELECTROCARDIOLOGY	12,110	45,911	100	1,984		6,164	363
053	01 CARDIAC CATHETERIZATION LAB	84,000	81,435	293	3,519		4,041	1,131
053	02 TCU REHAB	10,704	57,875		2,501			
055	MEDICAL SUPPLIES CHARGED	70,919						
056	DRUGS CHARGED TO PATIENTS	26,233						
057	RENAL DIALYSIS	4,525	6,371		275			
059	MCCR	637					402	
059	01 WOUND CARE	3,216					1,392	246
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	26,351	150,561	1,110	6,506		12,708	2,823
061	EMERGENCY	89,564	282,248	4,968	12,197		40,986	8,810
061	01 FAMILY PRACTICES	39,929	278,663	71	12,042			197
061	02 PSYCH DAY HOSPITAL	7,783	285,552		12,339		2,498	212
061	03 CARDIAC REHAB	11,541	158,422	13	6,846		5,319	875
061	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	58,698	63,684		2,752		19,492	108
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,840,032	7,050,106	30,382	298,600	640,482	578,006	96,681
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	1,745	21,163		915			
096	01 COMMUNITY HEALTH	3,218					1,429	
096	02 MARKETING	9,579	30,989		1,339		1,444	
096	03 PHYSICIAN DEVELOPMENT							
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS					10,704		
096	06 MACNEAL SCHOOL	27,738		1		28,575	19,023	
096	07 CATERED MEALS					203,355		
098	PHYSICIANS' PRIVATE OFFIC	4,869	359,666	1,264	15,542			
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE	1,461	107,911		4,663			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,888,642	7,569,835	31,647	321,059	883,116	599,902	96,681

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B  
 I I TO 9/30/2010 I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		15	16					
	GENERAL SERVICE COST CNTR			17	22	23	25	26
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	197,294						
016	PHARMACY		314,131					
017	MEDICAL RECORDS & LIBRARY			288,707				
022	I&R SERVICES-SALARY & FRI				85,687			
023	I&R SERVICES-OTHER PRGM C					287,677		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			30,550			4,508,562	
026	INTENSIVE CARE UNIT			4,497			486,533	
031	SUBPROVIDER			4,704			672,113	
033	NURSERY			2,507			196,633	
034	SKILLED NURSING FACILITY			2,845			705,232	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			27,194			1,467,260	
037 01	SAME DAY SURGERY			55			184,476	
038	RECOVERY ROOM			5,649			152,706	
039	DELIVERY ROOM & LABOR ROO			7,151			412,917	
040	ANESTHESIOLOGY			9,633			31,455	
041	RADIOLOGY-DIAGNOSTIC			26,006			1,348,127	
041 01	ULTRA SOUND			4,697			20,997	
041 02	CAT SCAN			18,310			128,034	
043	RADIOISOTOPE			3,546			110,078	
044	LABORATORY			23,231			1,087,270	
049	RESPIRATORY THERAPY			3,083			136,184	
050	PHYSICAL THERAPY			5,495			516,124	
053	ELECTROCARDIOLOGY			7,023			128,171	
053 01	CARDIAC CATHETERIZATION LAB			6,720			277,837	
053 02	TCU REHAB			695			140,497	
055	MEDICAL SUPPLIES CHARGED	197,294		27,375			295,588	
056	DRUGS CHARGED TO PATIENTS		314,131	31,878			372,242	
057	RENAL DIALYSIS			398			19,134	
059	MCCR						1,039	
059 01	WOUND CARE			253			5,107	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			6,680			385,518	
061	EMERGENCY			21,522			795,442	
061 01	FAMILY PRACTICES			2,749			664,540	
061 02	PSYCH DAY HOSPITAL			827			648,281	
061 03	CARDIAC REHAB			914			372,043	
061 05	CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY			2,520			222,874	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	197,294	314,131	288,707			16,493,014	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						48,952	
096 01	COMMUNITY HEALTH						4,647	
096 02	MARKETING						80,148	
096 03	PHYSICIAN DEVELOPMENT							
096 04	FOOD SERVICE - RML							
096 05	HOME DELIVERED MEALS						10,704	
096 06	MACNEAL SCHOOL						75,337	
096 07	CATERED MEALS						203,355	
098	PHYSICIANS' PRIVATE OFFIC						808,416	
098 01	OTHER NONREIMBURSABLE							
098 02	VACANT SPACE						242,171	
101	CROSS FOOT ADJUSTMENTS				85,687	287,677	373,364	
102	NEGATIVE COST CENTER							
103	TOTAL	197,294	314,131	288,707	85,687	287,677	18,340,108	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET B	
I		I	TO 9/30/2010	I	PART III	

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,508,562
026	INTENSIVE CARE UNIT	486,533
031	SUBPROVIDER	672,113
033	NURSERY	196,633
034	SKILLED NURSING FACILITY	705,232
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,467,260
037 01	SAME DAY SURGERY	184,476
038	RECOVERY ROOM	152,706
039	DELIVERY ROOM & LABOR ROO	412,917
040	ANESTHESIOLOGY	31,455
041	RADIOLOGY-DIAGNOSTIC	1,348,127
041 01	ULTRA SOUND	20,997
041 02	CAT SCAN	128,034
043	RADIOISOTOPE	110,078
044	LABORATORY	1,087,270
049	RESPIRATORY THERAPY	136,184
050	PHYSICAL THERAPY	516,124
053	ELECTROCARDIOLOGY	128,171
053 01	CARDIAC CATHETERIZATION LAB	277,837
053 02	TCU REHAB	140,497
055	MEDICAL SUPPLIES CHARGED	295,588
056	DRUGS CHARGED TO PATIENTS	372,242
057	RENAL DIALYSIS	19,134
059	MCCR	1,039
059 01	WOUND CARE	5,107
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	385,518
061	EMERGENCY	795,442
061 01	FAMILY PRACTICES	664,540
061 02	PSYCH DAY HOSPITAL	648,281
061 03	CARDIAC REHAB	372,043
061 05	CANCER CENTER	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	222,874
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	16,493,014
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	48,952
096 01	COMMUNITY HEALTH	4,647
096 02	MARKETING	80,148
096 03	PHYSICIAN DEVELOPMENT	
096 04	FOOD SERVICE - RML	
096 05	HOME DELIVERED MEALS	10,704
096 06	MACNEAL SCHOOL	75,337
096 07	CATERED MEALS	203,355
098	PHYSICIANS' PRIVATE OFFIC	808,416
098 01	OTHER NONREIMBURSABLE	
098 02	VACANT SPACE	242,171
101	CROSS FOOT ADJUSTMENTS	373,364
102	NEGATIVE COST CENTER	
103	TOTAL	18,340,108



## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B-1  
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL- ) IATION
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E ) FEET	OSTS-BLDG & ) FEET	OSTS-MVBLE E ) FEET	ALARIES ) FEET	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	715,225					
003 OLD CAP REL COSTS-MVB		715,225				
004 NEW CAP REL COSTS-BLD			715,225			
005 NEW CAP REL COSTS-MVB				715,225		
006 EMPLOYEE BENEFITS					101,404,186	
007 ADMINISTRATIVE & GENE	73,653	73,653	73,653	73,653	18,620,570	-53,434,716
009 MAINTENANCE & REPAIRS	291,037	291,037	291,037	291,037	191,687	
010 LAUNDRY & LINEN SERVI	461	461	461	461	548,560	
011 HOUSEKEEPING	6,026	6,026	6,026	6,026	2,078,310	
012 DIETARY	17,495	17,495	17,495	17,495	2,282,206	
014 CAFETERIA	6,611	6,611	6,611	6,611		
015 NURSING ADMINISTRATIO	1,352	1,352	1,352	1,352	1,466,496	
016 CENTRAL SERVICES & SU	3,768	3,768	3,768	3,768	331,069	
017 PHARMACY	4,660	4,660	4,660	4,660	2,048,085	
022 MEDICAL RECORDS & LIB	4,855	4,855	4,855	4,855	2,127,828	
023 I&R SERVICES-SALARY &					3,713,504	
023 I&R SERVICES-OTHER PR	5,650	5,650	5,650	5,650		
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	76,647	76,647	76,647	76,647	19,205,046	
031 INTENSIVE CARE UNIT	7,570	7,570	7,570	7,570	4,079,310	
033 SUBPROVIDER	12,043	12,043	12,043	12,043	2,133,315	
034 NURSERY	3,411	3,411	3,411	3,411	1,209,484	
037 SKILLED NURSING FACIL	11,820	11,820	11,820	11,820	2,776,812	
037 01 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	25,094	25,094	25,094	25,094	3,883,618	
038 SAME DAY SURGERY	3,466	3,466	3,466	3,466	598,742	
039 RECOVERY ROOM	2,652	2,652	2,652	2,652	766,287	
040 DELIVERY ROOM & LABOR	7,486	7,486	7,486	7,486	1,782,700	
041 ANESTHESIOLOGY	180	180	180	180	401,897	
041 RADIOLOGY-DIAGNOSTIC	25,012	25,012	25,012	25,012	3,987,142	
041 01 ULTRA SOUND					771,764	
041 02 CAT SCAN	1,850	1,850	1,850	1,850	781,076	
043 RADIOISOTOPE	1,953	1,953	1,953	1,953	311,600	
044 LABORATORY	19,592	19,592	19,592	19,592	4,229,760	
049 RESPIRATORY THERAPY	2,116	2,116	2,116	2,116	1,271,224	
050 PHYSICAL THERAPY	9,372	9,372	9,372	9,372	2,479,922	
053 ELECTROCARDIOLOGY	2,126	2,126	2,126	2,126	759,605	
053 01 CARDIAC CATHETERIZATION	3,771	3,771	3,771	3,771	772,512	
053 02 TCU REHAB	2,680	2,680	2,680	2,680	675,717	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	295	295	295	295		
059 MCCR					51,853	
059 01 WOUND CARE					170,045	
060 OUTPAT SERVICE COST C						
061 CLINIC	6,972	6,972	6,972	6,972	1,440,900	
061 EMERGENCY	13,070	13,070	13,070	13,070	4,774,005	
061 01 FAMILY PRACTICES	12,904	12,904	12,904	12,904	2,330,731	
061 02 PSYCH DAY HOSPITAL	13,223	13,223	13,223	13,223	279,765	
061 03 CARDIAC REHAB	7,336	7,336	7,336	7,336	623,866	
061 05 CANCER CENTER						
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C	2,949	2,949	2,949	2,949	3,346,444	
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN	691,158	691,158	691,158	691,158	99,303,457	-53,434,716
096 SUBTOTALS						
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	980	980	980	980		
096 01 COMMUNITY HEALTH					195,974	
096 02 MARKETING	1,435	1,435	1,435	1,435	169,128	
096 03 PHYSICIAN DEVELOPMENT						
096 04 FOOD SERVICE - RML						
096 05 HOME DELIVERED MEALS						
096 06 MACNEAL SCHOOL					1,735,627	
096 07 CATERED MEALS						
098 PHYSICIANS' PRIVATE O	16,655	16,655	16,655	16,655		
098 01 OTHER NONREIMBURSABLE						
098 02 VACANT SPACE	4,997	4,997	4,997	4,997		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			6,848,760	11,491,348	19,046,126	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			9.575672		.187824	
105 (WRKSHT B, PT I)				16.066759		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						

COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET B-1	
I		I	TO 9/30/2010	I		

COST CENTER  
DESCRIPTIONOLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE  
OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E FITS(SQUARE  
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FEET

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)ALARIESS RECONCIL-  
) IATION

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NONREIMBURS COST CENT  
(WRKSHT B, PT III)

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B-1  
 I TO 9/30/2010 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTEs )	(DIRECT HOURS)
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	165,674,993						
009	MAINTENANCE & REPAIRS	9,380,750	350,535					
010	LAUNDRY & LINEN SERVICE	865,847	461	1,749,425				
011	HOUSEKEEPING	3,193,547	6,026		344,048			
012	DIETARY	3,541,247	17,495		17,495	757,721		
014	CAFETERIA	169,522	6,611		6,611	239,825	115,044	
015	NURSING ADMINISTRATION	1,952,776	1,352		1,352			966,020
016	CENTRAL SERVICES & SUPPORT	671,165	3,768	105,286	3,768		1,782	
017	PHARMACY	6,663,344	4,660		4,660		1,195	
022	MEDICAL RECORDS & LIBRARY	2,848,481	4,855		4,855		2,626	
023	I&R SERVICES-SALARY & BENEFITS	4,410,989					4,289	
023	I&R SERVICES-OTHER PERSONNEL	1,360,711	5,650		5,650		6,789	
025	INPAT ROUTINE SERVICE CENTER							12
026	ADULTS & PEDIATRICS	27,158,782	76,647	590,870	76,647	216,320	31,994	466,349
031	INTENSIVE CARE UNIT	5,382,468	7,570	37,749	7,570	18,905	4,712	87,293
033	SUBPROVIDER	2,935,820	12,043	39,632	12,043	26,916	3,311	44,653
034	NURSERY	1,590,014	3,411	25,599	3,411		1,448	36,720
037	SKILLED NURSING FACILITY	3,802,977	11,820	105,543	11,820	47,573	5,192	52,228
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	16,715,520	25,094	117,064	25,094		6,668	38,218
038	SAME DAY SURGERY	908,589	3,466	50,980	3,466		893	15,240
039	RECOVERY ROOM	1,032,773	2,652	34,436	2,652		985	17,736
040	DELIVERY ROOM & LABOR	2,569,155	7,486	59,563	7,486		2,033	41,906
041	ANESTHESIOLOGY	791,681	180	6,997	180		635	6,878
041	RADIOLOGY-DIAGNOSTIC	7,045,574	25,012	108,066	25,012		6,532	9,381
041	01 ULTRA SOUND	998,974					942	
041	02 CAT SCAN	1,252,366	1,850		1,850		1,178	1,875
043	RADIOISOTOPE	934,731	1,953		1,953		345	
044	LABORATORY	9,003,257	19,592		19,592		3,383	
049	RESPIRATORY THERAPY	1,812,156	2,116		2,116		2,016	
050	PHYSICAL THERAPY	3,276,551	9,372	35,336	9,372		4,062	
053	ELECTROCARDIOLOGY	1,062,258	2,126	5,511	2,126		1,182	3,632
053	01 CARDIAC CATHETERIZATION	7,368,435	3,771	16,184	3,771		775	11,302
053	02 TCU REHAB	938,983	2,680		2,680			
055	MEDICAL SUPPLIES CHARGE	6,220,978						
056	DRUGS CHARGED TO PATIENT	2,301,121						
057	RENAL DIALYSIS	396,910	295		295			
059	MCCR	55,853						
059	01 WOUND CARE	282,104					77	
060	OUTPAT SERVICE COST CENTER						267	2,456
061	CLINIC	2,311,516	6,972	61,346	6,972		2,437	28,205
061	EMERGENCY	7,856,502	13,070	274,637	13,070		7,860	88,030
061	01 FAMILY PRACTICES	3,502,504	12,904	3,932	12,904			1,964
061	02 PSYCH DAY HOSPITAL	682,738	13,223		13,223		479	2,123
061	03 CARDIAC REHAB	1,012,326	7,336	737	7,336		1,020	8,741
061	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	OTHER REIMBURSABLE COST CENTER							
071	HOME HEALTH AGENCY	5,148,956	2,949		2,949		3,738	1,078
095	SPEC PURPOSE COST CENTER							
095	SUBTOTALS	161,410,951	326,468	1,679,468	319,981	549,539	110,845	966,020
096	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE	153,106	980		980			
096	01 COMMUNITY HEALTH	282,286						
096	02 MARKETING	840,274	1,435		1,435		274	
096	03 PHYSICIAN DEVELOPMENT						277	
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS					9,184		
096	06 MACNEAL SCHOOL	2,433,165		82		24,518	3,648	
096	07 CATERED MEALS					174,480		
098	PHYSICIANS' PRIVATE OFFICE	427,075	16,655	69,875	16,655			
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE	128,136	4,997		4,997			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	53,434,716	12,406,295	1,161,422	4,436,827	5,528,201	2,293,154	2,683,405
104	UNIT COST MULTIPLIER (WORKSHEET B, PT I)		35.392457		12.895953		19.932843	
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)	.322527		.663888		7.295827		2.777794
106	UNIT COST MULTIPLIER (WORKSHEET B, PT II)							
107	COST TO BE ALLOCATED (WORKSHEET B, PART III)	1,888,642	7,569,835	31,647	321,059	883,116	599,902	96,681
108	UNIT COST MULTIPLIER		21.595090		.933181		5.214544	

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B-1  
I I TO 9/30/2010 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	( ACCUM. COST	(SQUARE ) FEET	(POUNDS OF ) LAUNDRY	(SQUARE ) FEET	(MEALS )ERVED	S(FTES )	(DIRECT )HOURS
	6	7	9	10	11	12	14
NONREIMBURS COST CENT (WRKSHT B, PT III)	.011400		.018090		1.165490		.100082

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET B-1  
 I I TO 9/30/2010 I

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR I&R SERVICES- DS & LIBRARY SALARY & FRI	I&R SERVICES- OTHER PRGM C
		(COSTED REQ	(COSTED )REQUIS-PHA	(GROSS )REVENUE	(ASSIGNED )TIME
		15	16	17	22
001	GENERAL SERVICE COST				23
002	OLD CAP REL COSTS-BLD				
003	OLD CAP REL COSTS-MVB				
004	NEW CAP REL COSTS-BLD				
005	NEW CAP REL COSTS-MVB				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENE				
009	MAINTENANCE & REPAIRS				
010	LAUNDRY & LINEN SERVI				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
015	NURSING ADMINISTRATIO				
016	CENTRAL SERVICES & SU	6,198,823	2,276,757		
017	PHARMACY			851,603,807	
022	MEDICAL RECORDS & LIB				6,104
023	I&R SERVICES-SALARY &				
	I&R SERVICES-OTHER PR				6,104
025	INPAT ROUTINE SRVC CN				
026	ADULTS & PEDIATRICS			90,117,486	2,119
031	INTENSIVE CARE UNIT			13,265,585	
033	SUBPROVIDER			13,876,991	66
034	NURSERY			7,395,995	
	SKILLED NURSING FACIL			8,393,457	
037	ANCILLARY SRVC COST C				
037	OPERATING ROOM			80,218,746	422
038	01 SAME DAY SURGERY			160,919	
039	RECOVERY ROOM			16,663,268	
040	DELIVERY ROOM & LABOR			21,095,651	
041	ANESTHESIOLOGY			28,415,995	
041	RADIOLOGY-DIAGNOSTIC			76,712,913	
041	01 ULTRA SOUND			13,855,445	
043	02 CAT SCAN			54,011,662	
044	RADIOISOTOPE			10,459,127	
049	LABORATORY			68,526,799	
050	RESPIRATORY THERAPY			9,095,468	
053	PHYSICAL THERAPY			16,208,329	
053	ELECTROCARDIOLOGY			20,715,890	
053	01 CARDIAC CATHETERIZATION			19,823,034	
053	02 TCU REHAB			2,049,318	
055	MEDICAL SUPPLIES CHAR	6,198,823		80,751,333	
056	DRUGS CHARGED TO PATI		2,276,757	94,000,704	
057	RENAL DIALYSIS			1,173,015	
059	MCCR				
059	01 WOUND CARE			745,376	
060	OUTPAT SERVICE COST C				
061	CLINIC			19,704,318	
061	EMERGENCY			63,487,161	211
061	01 FAMILY PRACTICES			8,109,691	3,286
061	02 PSYCH DAY HOSPITAL			2,440,042	
061	03 CARDIAC REHAB			2,697,337	
061	05 CANCER CENTER				
062	OBSERVATION BEDS (NON				
071	OTHER REIMBURS COST C				
	HOME HEALTH AGENCY			7,432,752	
095	SPEC PURPOSE COST CEN				
	SUBTOTALS	6,198,823	2,276,757	851,603,807	6,104
	NONREIMBURS COST CENT				6,104
096	GIFT, FLOWER, COFFEE				
096	01 COMMUNITY HEALTH				
096	02 MARKETING				
096	03 PHYSICIAN DEVELOPMENT				
096	04 FOOD SERVICE - RML				
096	05 HOME DELIVERED MEALS				
096	06 MACNEAL SCHOOL				
096	07 CATERED MEALS				
098	PHYSICIANS' PRIVATE O				
098	01 OTHER NONREIMBURSABLE				
098	02 VACANT SPACE				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	1,163,303	9,089,820	4,087,125	5,968,976
	(PER WRKSHT B, PART				2,072,439
104	UNIT COST MULTIPLIER		3.992442		
	(WRKSHT B, PT I)	.187665		.004799	977.879423
105	COST TO BE ALLOCATED				339.521461
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER				
	(WRKSHT B, PT II)				
107	COST TO BE ALLOCATED	197,294	314,131	288,707	85,687
	(PER WRKSHT B, PART				287,677
108	UNIT COST MULTIPLIER		.137973		14.037844

COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET B-1
I		I	TO 9/30/2010	I	

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(COSTED REQ	(COSTED )REQUIS-PHA	(GROSS )REVENUE	(ASSIGNED )TIME	(ASSIGNED )TIME
	15	16	17	22	23
NONREIMBURS COST CENT (WRKSHT 8, PT III)	.031828		.000339		47.129260

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET C  
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	43,955,582		43,955,582	10,214	43,965,796
26	ADULTS & PEDIATRICS	8,047,059		8,047,059	19,702	8,066,761
31	INTENSIVE CARE UNIT	4,943,554		4,943,554		4,943,554
33	SUBPROVIDER	2,450,900		2,450,900		2,450,900
34	NURSERY	6,306,312		6,306,312		6,306,312
	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	24,020,237		24,020,237		24,020,237
37 01	SAME DAY SURGERY	1,463,751		1,463,751		1,463,751
38	RECOVERY ROOM	1,665,661		1,665,661		1,665,661
39	DELIVERY ROOM & LABOR ROO	4,056,974		4,056,974		4,056,974
40	ANESTHESIOLOGY	1,228,487		1,228,487	8,492	1,236,979
41	RADIOLOGY-DIAGNOSTIC	11,121,900		11,121,900		11,121,900
41 01	ULTRA SOUND	1,406,439		1,406,439		1,406,439
41 02	CAT SCAN	2,033,513		2,033,513		2,033,513
43	RADIOISOTOPE	1,387,584		1,387,584		1,387,584
44	LABORATORY	13,249,410		13,249,410		13,249,410
49	RESPIRATORY THERAPY	2,582,637		2,582,637		2,582,637
50	PHYSICAL THERAPY	4,968,096		4,968,096		4,968,096
53	ELECTROCARDIOLOGY	1,644,251		1,644,251		1,644,251
53 01	CARDIAC CATHETERIZATION LAB	10,079,768		10,079,768		10,079,768
53 02	TCU REHAB	1,381,078		1,381,078		1,381,078
55	MEDICAL SUPPLIES CHARGED	9,778,240		9,778,240		9,778,240
56	DRUGS CHARGED TO PATIENTS	12,584,502		12,584,502		12,584,502
57	RENAL DIALYSIS	544,798		544,798		544,798
59	MCCR	75,402		75,402		75,402
59 01	WOUND CARE	388,811		388,811		388,811
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,655,921		3,655,921		3,655,921
61	EMERGENCY	11,909,769		11,909,769		11,909,769
61 01	FAMILY PRACTICES	5,302,253		5,302,253		5,302,253
61 02	PSYCH DAY HOSPITAL	1,568,611		1,568,611		1,568,611
61 03	CARDIAC REHAB	1,751,118		1,751,118		1,751,118
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,386,052		1,386,052		1,386,052
101	SUBTOTAL	196,938,670		196,938,670	38,408	196,977,078
102	LESS OBSERVATION BEDS	1,386,052		1,386,052		1,386,052
103	TOTAL	195,552,618		195,552,618	38,408	195,591,026

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET C  
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	90,117,486		90,117,486			
31	INTENSIVE CARE UNIT	13,265,585		13,265,585			
33	SUBPROVIDER	13,876,991		13,876,991			
34	NURSERY	7,395,995		7,395,995			
37	SKILLED NURSING FACILITY	8,393,457		8,393,457			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	40,194,002	40,024,744	80,218,746	.299434	.299434	.299434
38	01 SAME DAY SURGERY	7,536	153,383	160,919	.096197	.096197	.096197
39	RECOVERY ROOM	6,474,240	10,189,028	16,663,268	.099960	.099960	.099960
40	DELIVERY ROOM & LABOR ROO	19,350,115	1,745,536	21,095,651	.192313	.192313	.192313
41	ANESTHESIOLOGY	11,888,149	16,527,846	28,415,995	.043232	.043232	.043531
41	RADIOLOGY-DIAGNOSTIC	14,740,570	61,972,343	76,712,913	.144981	.144981	.144981
41	01 ULTRA SOUND	4,001,575	9,853,870	13,855,445	.101508	.101508	.101508
41	02 CAT SCAN	21,543,594	32,468,068	54,011,662	.037650	.037650	.037650
43	RADIOISOTOPE	3,129,795	7,329,332	10,459,127	.132667	.132667	.132667
44	LABORATORY	38,100,919	30,425,880	68,526,799	.193346	.193346	.193346
49	RESPIRATORY THERAPY	8,344,203	751,265	9,095,468	.283948	.283948	.283948
50	PHYSICAL THERAPY	7,084,898	9,123,431	16,208,329	.306515	.306515	.306515
53	ELECTROCARDIOLOGY	11,372,097	9,343,793	20,715,890	.079371	.079371	.079371
53	01 CARDIAC CATHETERIZATION LAB	13,529,117	6,293,917	19,823,034	.508488	.508488	.508488
53	02 TCU REHAB	2,049,318		2,049,318	.673921	.673921	.673921
55	MEDICAL SUPPLIES CHARGED	49,824,336	30,926,997	80,751,333	.121091	.121091	.121091
56	DRUGS CHARGED TO PATIENTS	69,859,323	24,141,381	94,000,704	.133877	.133877	.133877
57	RENAL DIALYSIS	1,139,772	33,243	1,173,015	.464442	.464442	.464442
59	MCCR						
59	01 WOUND CARE	193,597	551,779	745,376	.521631	.521631	.521631
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	4,059,683	15,644,635	19,704,318	.185539	.185539	.185539
61	EMERGENCY	21,595,377	41,891,784	63,487,161	.187593	.187593	.187593
61	01 FAMILY PRACTICES		8,109,691	8,109,691	.653817	.653817	.653817
61	02 PSYCH DAY HOSPITAL		2,440,042	2,440,042	.642862	.642862	.642862
61	03 CARDIAC REHAB	5,468	2,691,869	2,697,337	.649203	.649203	.649203
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,665,965	4,665,965	.297056	.297056	.297056
101	SUBTOTAL	481,537,198	367,299,822	848,837,020			
102	LESS OBSERVATION BEDS						
103	TOTAL	481,537,198	367,299,822	848,837,020			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET C  
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST 8, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	46,747,154		46,747,154	10,214	46,757,368
26	INTENSIVE CARE UNIT	8,047,059		8,047,059	19,702	8,066,761
31	SUBPROVIDER	5,030,502		5,030,502		5,030,502
33	NURSERY	2,450,900		2,450,900		2,450,900
34	SKILLED NURSING FACILITY	6,306,312		6,306,312		6,306,312
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	24,576,180		24,576,180		24,576,180
37 01	SAME DAY SURGERY	1,463,751		1,463,751		1,463,751
38	RECOVERY ROOM	1,665,661		1,665,661		1,665,661
39	DELIVERY ROOM & LABOR ROO	4,056,974		4,056,974		4,056,974
40	ANESTHESIOLOGY	1,228,487		1,228,487	8,492	1,236,979
41	RADIOLOGY-DIAGNOSTIC	11,121,900		11,121,900		11,121,900
41 01	ULTRA SOUND	1,406,439		1,406,439		1,406,439
41 02	CAT SCAN	2,033,513		2,033,513		2,033,513
43	RADIOISOTOPE	1,387,584		1,387,584		1,387,584
44	LABORATORY	13,249,410		13,249,410		13,249,410
49	RESPIRATORY THERAPY	2,582,637		2,582,637		2,582,637
50	PHYSICAL THERAPY	4,968,096		4,968,096		4,968,096
53	ELECTROCARDIOLOGY	1,644,251		1,644,251		1,644,251
53 01	CARDIAC CATHERIZATION LAB	10,079,768		10,079,768		10,079,768
53 02	TCU REHAB	1,381,078		1,381,078		1,381,078
55	MEDICAL SUPPLIES CHARGED	9,778,240		9,778,240		9,778,240
56	DRUGS CHARGED TO PATIENTS	12,584,502		12,584,502		12,584,502
57	RENAL DIALYSIS	544,798		544,798		544,798
59	MCCR	75,402		75,402		75,402
59 01	WOUND CARE	388,811		388,811		388,811
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,655,921		3,655,921		3,655,921
61	EMERGENCY	12,187,741		12,187,741		12,187,741
61 01	FAMILY PRACTICES	9,631,233		9,631,233		9,631,233
61 02	PSYCH DAY HOSPITAL	1,568,611		1,568,611		1,568,611
61 03	CARDIAC REHAB	1,751,118		1,751,118		1,751,118
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,386,052		1,386,052		1,386,052
101	SUBTOTAL	204,980,085		204,980,085	38,408	205,018,493
102	LESS OBSERVATION BEDS	1,386,052		1,386,052		1,386,052
103	TOTAL	203,594,033		203,594,033	38,408	203,632,441

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2009	I 2/22/2011
I	I TO 9/30/2010	I WORKSHEET C
		I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	90,117,486		90,117,486			
31	INTENSIVE CARE UNIT	13,265,585		13,265,585			
33	SUBPROVIDER	13,876,991		13,876,991			
34	NURSERY	7,395,995		7,395,995			
37	SKILLED NURSING FACILITY	8,393,457		8,393,457			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	40,194,002	40,024,744	80,218,746	.306365	.306365	.306365
38	01 SAME DAY SURGERY	7,536	153,383	160,919	9.096197	9.096197	9.096197
39	RECOVERY ROOM	6,474,240	10,189,028	16,663,268	.099960	.099960	.099960
40	DELIVERY ROOM & LABOR ROO	19,350,115	1,745,536	21,095,651	.192313	.192313	.192313
41	ANESTHESIOLOGY	11,888,149	16,527,846	28,415,995	.043232	.043232	.043531
41	RADIOLOGY-DIAGNOSTIC	14,740,570	61,972,343	76,712,913	.144981	.144981	.144981
41	01 ULTRA SOUND	4,001,575	9,853,870	13,855,445	.101508	.101508	.101508
41	02 CAT SCAN	21,543,594	32,468,068	54,011,662	.037650	.037650	.037650
43	RADIOISOTOPE	3,129,795	7,329,332	10,459,127	.132667	.132667	.132667
44	LABORATORY	38,100,919	30,425,880	68,526,799	.193346	.193346	.193346
49	RESPIRATORY THERAPY	8,344,203	751,265	9,095,468	.283948	.283948	.283948
50	PHYSICAL THERAPY	7,084,898	9,123,431	16,208,329	.306515	.306515	.306515
53	ELECTROCARDIOLOGY	11,372,097	9,343,793	20,715,890	.079371	.079371	.079371
53	01 CARDIAC CATHETERIZATION LAB	13,529,117	6,293,917	19,823,034	.508488	.508488	.508488
53	02 TCU REHAB	2,049,318		2,049,318	.673921	.673921	.673921
55	MEDICAL SUPPLIES CHARGED	49,824,336	30,926,997	80,751,333	.121091	.121091	.121091
56	DRUGS CHARGED TO PATIENTS	69,859,323	24,141,381	94,000,704	.133877	.133877	.133877
57	RENAL DIALYSIS	1,139,772	33,243	1,173,015	.464442	.464442	.464442
59	MCCR						
59	01 WOUND CARE	193,597	551,779	745,376	.521631	.521631	.521631
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	4,059,683	15,644,635	19,704,318	.185539	.185539	.185539
61	EMERGENCY	21,595,377	41,891,784	63,487,161	.191972	.191972	.191972
61	01 FAMILY PRACTICES		8,109,691	8,109,691	1.187620	1.187620	1.187620
61	02 PSYCH DAY HOSPITAL		2,440,042	2,440,042	.642862	.642862	.642862
61	03 CARDIAC REHAB	5,468	2,691,869	2,697,337	.649203	.649203	.649203
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,665,965	4,665,965	.297056	.297056	.297056
101	SUBTOTAL	481,537,198	367,299,822	848,837,020			
102	LESS OBSERVATION BEDS						
103	TOTAL	481,537,198	367,299,822	848,837,020			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,020,237	1,467,260	22,552,977			24,020,237
37 01	SAME DAY SURGERY	1,463,751	184,476	1,279,275			1,463,751
38	RECOVERY ROOM	1,665,661	152,706	1,512,955			1,665,661
39	DELIVERY ROOM & LABOR ROO	4,056,974	412,917	3,644,057			4,056,974
40	ANESTHESIOLOGY	1,228,487	31,455	1,197,032			1,228,487
41	RADIOLOGY-DIAGNOSTIC	11,121,900	1,348,127	9,773,773			11,121,900
41 01	ULTRA SOUND	1,406,439	20,997	1,385,442			1,406,439
41 02	CAT SCAN	2,033,513	128,034	1,905,479			2,033,513
43	RADIOISOTOPE	1,387,584	110,078	1,277,506			1,387,584
44	LABORATORY	13,249,410	1,087,270	12,162,140			13,249,410
49	RESPIRATORY THERAPY	2,582,637	136,184	2,446,453			2,582,637
50	PHYSICAL THERAPY	4,968,096	516,124	4,451,972			4,968,096
53	ELECTROCARDIOLOGY	1,644,251	128,171	1,516,080			1,644,251
53 01	CARDIAC CATHERIZATION LAB	10,079,768	277,837	9,801,931			10,079,768
53 02	TCU REHAB	1,381,078	140,497	1,240,581			1,381,078
55	MEDICAL SUPPLIES CHARGED	9,778,240	295,588	9,482,652			9,778,240
56	DRUGS CHARGED TO PATIENTS	12,584,502	372,242	12,212,260			12,584,502
57	RENAL DIALYSIS	544,798	19,134	525,664			544,798
59	MCCR	75,402	1,039	74,363			75,402
59 01	WOUND CARE	388,811	5,107	383,704			388,811
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,655,921	385,518	3,270,403			3,655,921
61	EMERGENCY	11,909,769	795,442	11,114,327			11,909,769
61 01	FAMILY PRACTICES	5,302,253	664,540	4,637,713			5,302,253
61 02	PSYCH DAY HOSPITAL	1,568,611	648,281	920,330			1,568,611
61 03	CARDIAC REHAB	1,751,118	372,043	1,379,075			1,751,118
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,386,052	142,135	1,243,917			1,386,052
101	SUBTOTAL	131,235,263	9,843,202	121,392,061			131,235,263
102	LESS OBSERVATION BEDS	1,386,052	142,135	1,243,917			1,386,052
103	TOTAL	129,849,211	9,701,067	120,148,144			129,849,211

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	80,218,746	.299434	.299434
37	01 SAME DAY SURGERY	160,919	9.096197	9.096197
38	RECOVERY ROOM	16,663,268	.099960	.099960
39	DELIVERY ROOM & LABOR ROO	21,095,651	.192313	.192313
40	ANESTHESIOLOGY	28,415,995	.043232	.043232
41	RADIOLOGY-DIAGNOSTIC	76,712,913	.144981	.144981
41	01 ULTRA SOUND	13,855,445	.101508	.101508
41	02 CAT SCAN	54,011,662	.037650	.037650
43	RADIOISOTOPE	10,459,127	.132667	.132667
44	LABORATORY	68,526,799	.193346	.193346
49	RESPIRATORY THERAPY	9,095,468	.283948	.283948
50	PHYSICAL THERAPY	16,208,329	.306515	.306515
53	ELECTROCARDIOLOGY	20,715,890	.079371	.079371
53	01 CARDIAC CATHERIZATION LAB	19,823,034	.508488	.508488
53	02 TCU REHAB	2,049,318	.673921	.673921
55	MEDICAL SUPPLIES CHARGED	80,751,333	.121091	.121091
56	DRUGS CHARGED TO PATIENTS	94,000,704	.133877	.133877
57	RENAL DIALYSIS	1,173,015	.464442	.464442
59	MCCR			
59	01 WOUND CARE	745,376	.521631	.521631
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	19,704,318	.185539	.185539
61	EMERGENCY	63,487,161	.187593	.187593
61	01 FAMILY PRACTICES	8,109,691	.653817	.653817
61	02 PSYCH DAY HOSPITAL	2,440,042	.642862	.642862
61	03 CARDIAC REHAB	2,697,337	.649203	.649203
61	05 CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS	4,665,965	.297056	.297056
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	715,787,506		
102	LESS OBSERVATION BEDS	4,665,965		
103	TOTAL	711,121,541		

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET C  
 I I TO 9/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,576,180	1,467,260	23,108,920	146,726	1,340,317	23,089,137
37 01	SAME DAY SURGERY	1,463,751	184,476	1,279,275	18,448	74,198	1,371,105
38	RECOVERY ROOM	1,665,661	152,706	1,512,955	15,271	87,751	1,562,639
39	DELIVERY ROOM & LABOR ROO	4,056,974	412,917	3,644,057	41,292	211,355	3,804,327
40	ANESTHESIOLOGY	1,228,487	31,455	1,197,032	3,146	69,428	1,155,913
41	RADIOLOGY-DIAGNOSTIC	11,121,900	1,348,127	9,773,773	134,813	566,879	10,420,208
41 01	ULTRA SOUND	1,406,439	20,997	1,385,442	2,100	80,356	1,323,983
41 02	CAT SCAN	2,033,513	128,034	1,905,479	12,803	110,518	1,910,192
43	RADIOISOTOPE	1,387,584	110,078	1,277,506	11,008	74,095	1,302,481
44	LABORATORY	13,249,410	1,087,270	12,162,140	108,727	705,404	12,435,279
49	RESPIRATORY THERAPY	2,582,637	136,184	2,446,453	13,618	141,894	2,427,125
50	PHYSICAL THERAPY	4,968,096	516,124	4,451,972	51,612	258,214	4,658,270
53	ELECTROCARDIOLOGY	1,644,251	128,171	1,516,080	12,817	87,933	1,543,501
53 01	CARDIAC CATHERIZATION LAB	10,079,768	277,837	9,801,931	27,784	568,512	9,483,472
53 02	TCU REHAB	1,381,078	140,497	1,240,581	14,050	71,954	1,295,074
55	MEDICAL SUPPLIES CHARGED	9,778,240	295,588	9,482,652	29,559	549,994	9,198,687
56	DRUGS CHARGED TO PATIENTS	12,584,502	372,242	12,212,260	37,224	708,311	11,838,967
57	RENAL DIALYSIS	544,798	19,134	525,664	1,913	30,489	512,396
59	MCCR	75,402	1,039	74,363	104	4,313	70,985
59 01	WOUND CARE	388,811	5,107	383,704	511	22,255	366,045
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,655,921	385,518	3,270,403	38,552	189,683	3,427,686
61	EMERGENCY	12,187,741	795,442	11,392,299	79,544	660,753	11,447,444
61 01	FAMILY PRACTICES	9,631,233	664,540	8,966,693	66,454	520,068	9,044,711
61 02	PSYCH DAY HOSPITAL	1,568,611	648,281	920,330	64,828	53,379	1,450,404
61 03	CARDIAC REHAB	1,751,118	372,043	1,379,075	37,204	79,986	1,633,928
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,386,052	142,135	1,243,917	14,214	72,147	1,299,691
101	SUBTOTAL	136,398,158	9,843,202	126,554,956	984,322	7,340,186	128,073,650
102	LESS OBSERVATION BEDS	1,386,052	142,135	1,243,917	14,214	72,147	1,299,691
103	TOTAL	135,012,106	9,701,067	125,311,039	970,108	7,268,039	126,773,959

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET C  
 I I TO 9/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	80,218,746	.287827	.304535
37 01	SAME DAY SURGERY	160,919	8.520467	8.981556
38	RECOVERY ROOM	16,663,268	.093777	.099044
39	DELIVERY ROOM & LABOR ROO	21,095,651	.180337	.190356
40	ANESTHESIOLOGY	28,415,995	.040678	.043122
41	RADIOLOGY-DIAGNOSTIC	76,712,913	.135834	.143223
41 01	ULTRA SOUND	13,855,445	.095557	.101356
41 02	CAT SCAN	54,011,662	.035366	.037412
43	RADIOISOTOPE	10,459,127	.124531	.131615
44	LABORATORY	68,526,799	.181466	.191760
49	RESPIRATORY THERAPY	9,095,468	.266850	.282450
50	PHYSICAL THERAPY	16,208,329	.287400	.303331
53	ELECTROCARDIOLOGY	20,715,890	.074508	.078753
53 01	CARDIAC CATHERIZATION LAB	19,823,034	.478407	.507086
53 02	TCU REHAB	2,049,318	.631954	.667065
55	MEDICAL SUPPLIES CHARGED	80,751,333	.113914	.120725
56	DRUGS CHARGED TO PATIENTS	94,000,704	.125946	.133481
57	RENAL DIALYSIS	1,173,015	.436820	.462812
59	MCCR			
59 01	WOUND CARE	745,376	.491088	.520945
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	19,704,318	.173956	.183583
61	EMERGENCY	63,487,161	.180311	.190719
61 01	FAMILY PRACTICES	8,109,691	1.115297	1.179426
61 02	PSYCH DAY HOSPITAL	2,440,042	.594418	.616294
61 03	CARDIAC REHAB	2,697,337	.605756	.635410
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS	4,665,965	.278547	.294009
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	715,787,506		
102	LESS OBSERVATION BEDS	4,665,965		
103	TOTAL	711,121,541		

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I I TO 9/30/2010 I PART I  
 PPS

## TITLE XVIII, PART A

WKST A	COST CENTER DESCRIPTION	CAPITAL REL	OLD CAPITAL	REDUCED CAP	CAPITAL REL	NEW CAPITAL	REDUCED CAP
LINE NO.		COST (B, II)	SWING BED	RELATED COST	COST (B, III)	SWING BED	RELATED COST
		1	ADJUSTMENT	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,508,562		4,508,562
26	INTENSIVE CARE UNIT				486,533		486,533
31	SUBPROVIDER				672,113		672,113
33	NURSERY				196,633		196,633
101	TOTAL				5,863,841		5,863,841

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I I TO 9/30/2010 I PART I

## TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	59,666	19,652			75.56	1,484,905
26	INTENSIVE CARE UNIT	5,050	2,279			96.34	219,559
31	SUBPROVIDER	7,190	5,540			93.48	517,879
33	NURSERY	4,387				44.82	
101	TOTAL	76,293	27,471				2,222,343



## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-0054 I I

PPS

TITLE XVIII, PART A		HOSPITAL							
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL			
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS		
		1	2	3	4	5	6		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM		1,467,260	80,218,746	11,701,569				
37 01	SAME DAY SURGERY		184,476	160,919	50				
38	RECOVERY ROOM		152,706	16,663,268	2,069,489				
39	DELIVERY ROOM & LABOR ROO		412,917	21,095,651	1,270,389				
40	ANESTHESIOLOGY		31,455	28,415,995	3,329,252				
41	RADIOLOGY-DIAGNOSTIC		1,348,127	76,712,913	4,378,335				
41 01	ULTRA SOUND		20,997	13,855,445	1,690,459				
41 02	CAT SCAN		128,034	54,011,662	10,000,046				
43	RADIOISOTOPE		110,078	10,459,127	1,497,932				
44	LABORATORY		1,087,270	68,526,799	14,151,820				
49	RESPIRATORY THERAPY		136,184	9,095,468	3,738,490				
50	PHYSICAL THERAPY		516,124	16,208,329	3,506,292				
53	ELECTROCARDIOLOGY		128,171	20,715,890	5,425,343				
53 01	CARDIAC CATHERIZATION LAB		277,837	19,823,034	5,851,569				
53 02	TCU REHAB		140,497	2,049,318					
55	MEDICAL SUPPLIES CHARGED		295,588	80,751,333	17,096,756				
56	DRUGS CHARGED TO PATIENTS		372,242	94,000,704	24,027,353				
57	RENAL DIALYSIS		19,134	1,173,015	589,832				
59	MCCR		1,039						
59 01	WOUND CARE		5,107	745,376					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC		385,518	19,704,318	1,547,479				
61	EMERGENCY		795,442	63,487,161	7,193,862				
61 01	FAMILY PRACTICES		664,540	8,109,691					
61 02	PSYCH DAY HOSPITAL		648,281	2,440,042					
61 03	CARDIAC REHAB		372,043	2,697,337	3,794				
61 05	CANCER CENTER								
62	OBSERVATION BEDS (NON-DIS		142,135	4,665,965					
	OTHER REIMBURS COST CNTRS								
101	TOTAL		9,843,202	715,787,506	119,070,111				

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART II
I	14-0054	I		I	

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.018291	214,033
37 01	SAME DAY SURGERY	1.146390	57
38	RECOVERY ROOM	.009164	18,965
39	DELIVERY ROOM & LABOR ROO	.019574	24,867
40	ANESTHESIOLOGY	.001107	3,685
41	RADIOLOGY-DIAGNOSTIC	.017574	76,945
41 01	ULTRA SOUND	.001515	2,561
41 02	CAT SCAN	.002370	23,700
43	RADIOISOTOPE	.010525	15,766
44	LABORATORY	.015866	224,533
49	RESPIRATORY THERAPY	.014973	55,976
50	PHYSICAL THERAPY	.031843	111,651
53	ELECTROCARDIOLOGY	.006187	33,567
53 01	CARDIAC CATHERIZATION LAB	.014016	82,016
53 02	TCU REHAB	.068558	
55	MEDICAL SUPPLIES CHARGED	.003660	62,574
56	DRUGS CHARGED TO PATIENTS	.003960	95,148
57	RENAL DIALYSIS	.016312	9,621
59	MCCR		
59 01	WOUND CARE	.006852	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.019565	30,276
61	EMERGENCY	.012529	90,132
61 01	FAMILY PRACTICES	.081944	
61 02	PSYCH DAY HOSPITAL	.265684	
61 03	CARDIAC REHAB	.137930	523
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS	.030462	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,176,596

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D	
I		I	TO 9/30/2010	I	PART III	

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					59,666	
26	ADULTS & PEDIATRICS					5,050	
31	INTENSIVE CARE UNIT					7,190	
33	SUBPROVIDER					4,387	
34	NURSERY					12,708	
101	SKILLED NURSING FACILITY					89,001	
	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
I I TO 9/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	19,652	
26	INTENSIVE CARE UNIT	2,279	
31	SUBPROVIDER	5,540	
33	NURSERY		
34	SKILLED NURSING FACILITY	8,538	
101	TOTAL	36,009	

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART IV  
 I 14-0054 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM						
38	01 SAME DAY SURGERY						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC						
41	02 ULTRA SOUND						
43	CAT SCAN						
44	RADIOISOTOPE						
49	LABORATORY						
50	RESPIRATORY THERAPY						
53	PHYSICAL THERAPY						
53	01 ELECTROCARDIOLOGY						
53	02 CARDIAC CATHERIZATION LAB						
55	TCU REHAB						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
59	RENAL DIALYSIS						
59	01 MCCR						
60	WOUND CARE						
61	01 OUTPAT SERVICE COST CNTRS						
61	02 CLINIC						
61	03 EMERGENCY						
61	05 FAMILY PRACTICES						
62	02 PSYCH DAY HOSPITAL						
62	03 CARDIAC REHAB						
62	05 CANCER CENTER						
101	02 OBSERVATION BEDS (NON-DIS						
	03 OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			80,218,746			11,701,569	
37	01 SAME DAY SURGERY			160,919			50	
38	RECOVERY ROOM			16,663,268			2,069,489	
39	DELIVERY ROOM & LABOR ROO			21,095,651			1,270,389	
40	ANESTHESIOLOGY			28,415,995			3,329,252	
41	RADIOLOGY-DIAGNOSTIC			76,712,913			4,378,335	
41	01 ULTRA SOUND			13,855,445			1,690,459	
41	02 CAT SCAN			54,011,662			10,000,046	
43	RADIOISOTOPE			10,459,127			1,497,932	
44	LABORATORY			68,526,799			14,151,820	
49	RESPIRATORY THERAPY			9,095,468			3,738,490	
50	PHYSICAL THERAPY			16,208,329			3,506,292	
53	ELECTROCARDIOLOGY			20,715,890			5,425,343	
53	01 CARDIAC CATHERIZATION LAB			19,823,034			5,851,569	
53	02 TCU REHAB			2,049,318				
55	MEDICAL SUPPLIES CHARGED			80,751,333			17,096,756	
56	DRUGS CHARGED TO PATIENTS			94,000,704			24,027,353	
57	RENAL DIALYSIS			1,173,015			589,832	
59	MCCR							
59	01 WOUND CARE			745,376				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			19,704,318			1,547,479	
61	EMERGENCY			63,487,161			7,193,862	
61	01 FAMILY PRACTICES			8,109,691				
61	02 PSYCH DAY HOSPITAL			2,440,042				
61	03 CARDIAC REHAB			2,697,337			3,794	
61	05 CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS			4,665,965				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			715,787,506			119,070,111	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,593,689					
37 01	SAME DAY SURGERY	2,625					
38	RECOVERY ROOM	2,460,869					
39	DELIVERY ROOM & LABOR ROO	1,868					
40	ANESTHESIOLOGY	3,116,938					
41	RADIOLOGY-DIAGNOSTIC	3,437,815					
41 01	ULTRA SOUND	1,432,413					
41 02	CAT SCAN	10,627,254					
43	RADIOISOTOPE	1,555,126					
44	LABORATORY	1,492,108					
49	RESPIRATORY THERAPY	156,698					
50	PHYSICAL THERAPY	94,943					
53	ELECTROCARDIOLOGY	2,072,010					
53 01	CARDIAC CATHERIZATION LAB	953,726					
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED	6,948,608					
56	DRUGS CHARGED TO PATIENTS	4,932,125					
57	RENAL DIALYSIS	15,197					
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,603,850					
61	EMERGENCY	3,636,297					
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL	121,033					
61 03	CARDIAC REHAB	1,309,327					
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS	664,920					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	56,229,439					

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART V  
 I 14-0054 I I

## TITLE XVIII, PART B

## HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.299434	.299434			
37 01 SAME DAY SURGERY	9.096197	9.096197			
38 RECOVERY ROOM	.099960	.099960			
39 DELIVERY ROOM & LABOR ROOM	.192313	.192313			
40 ANESTHESIOLOGY	.043232	.043232			
41 RADIOLOGY-DIAGNOSTIC	.144981	.144981			
41 01 ULTRA SOUND	.101508	.101508			
41 02 CAT SCAN	.037650	.037650			
43 RADIOISOTOPE	.132667	.132667			
44 LABORATORY	.193346	.193346			
49 RESPIRATORY THERAPY	.283948	.283948			
50 PHYSICAL THERAPY	.306515	.306515			
53 ELECTROCARDIOLOGY	.079371	.079371			
53 01 CARDIAC CATHETERIZATION LABORATORY	.508488	.508488			
53 02 TCU REHAB	.673921	.673921			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.121091	.121091			
56 DRUGS CHARGED TO PATIENTS	.133877	.133877			
57 RENAL DIALYSIS	.464442	.464442			
59 MCCR					
59 01 WOUND CARE	.521631	.521631			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.185539	.185539			
61 EMERGENCY	.187593	.187593			
61 01 FAMILY PRACTICES	.653817	.653817			
61 02 PSYCH DAY HOSPITAL	.642862	.642862			
61 03 CARDIAC REHAB	.649203	.649203			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.297056	.297056			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)



## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART V  
 I 14-0054 I I

## TITLE XVIII, PART B

## HOSPITAL

Cost Center Description	5	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		8,593,689			
37 01 SAME DAY SURGERY		2,625			
38 RECOVERY ROOM		2,460,869			
39 DELIVERY ROOM & LABOR ROOM		1,868			
40 ANESTHESIOLOGY		3,116,938			
41 RADIOLOGY-DIAGNOSTIC		3,437,815			
41 01 ULTRA SOUND		1,432,413			
41 02 CAT SCAN		10,627,254			
43 RADIOISOTOPE		1,555,126			
44 LABORATORY		1,492,108			
49 RESPIRATORY THERAPY		156,698			
50 PHYSICAL THERAPY		94,943			
53 ELECTROCARDIOLOGY		2,072,010			
53 01 CARDIAC CATHERIZATION LABORATORY		953,726			
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,948,608			
56 DRUGS CHARGED TO PATIENTS		4,932,125			
57 RENAL DIALYSIS		15,197			
59 MCCR					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		2,603,850			
61 EMERGENCY		3,636,297			
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL		121,033			
61 03 CARDIAC REHAB		1,309,327			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)		664,920			
101 SUBTOTAL		56,229,439			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		56,229,439			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART V
I	14-0054	I		I	

TITLE XVIII, PART B

HOSPITAL

Outpatient  
RadiologyOther  
Outpatient  
Diagnostic

All Other

PPS Services  
FYB to 12/31Non-PPS  
Services

Cost Center Description

7

8

9

9.01

9.02

(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM			2,573,243	
37 01	SAME DAY SURGERY			23,878	
38	RECOVERY ROOM			245,988	
39	DELIVERY ROOM & LABOR ROOM			359	
40	ANESTHESIOLOGY			134,751	
41	RADIOLOGY-DIAGNOSTIC			498,418	
41 01	ULTRA SOUND			145,401	
41 02	CAT SCAN			400,116	
43	RADIOISOTOPE			206,314	
44	LABORATORY			288,493	
49	RESPIRATORY THERAPY			44,494	
50	PHYSICAL THERAPY			29,101	
53	ELECTROCARDIOLOGY			164,458	
53 01	CARDIAC CATHERIZATION LABORATORY			484,958	
53 02	TCU REHAB				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			841,414	
56	DRUGS CHARGED TO PATIENTS			660,298	
57	RENAL DIALYSIS			7,058	
59	MCCR				
59 01	WOUND CARE				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC			483,116	
61	EMERGENCY			682,144	
61 01	FAMILY PRACTICES				
61 02	PSYCH DAY HOSPITAL			77,808	
61 03	CARDIAC REHAB			850,019	
61 05	CANCER CENTER				
62	OBSERVATION BEDS (NON-DISTINCT PART)			197,518	
101	SUBTOTAL			9,039,347	
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS--				
	PROGRAM ONLY CHARGES				
104	NET CHARGES			9,039,347	

(A) WORKSHEET A LINE NUMBERS

(I) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART V
I	14-0054	I		I	

TITLE XVIII, PART B

HOSPITAL

PPS Services  
1/1 to FYEHospital I/P  
Part B ChargesHospital I/P  
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS  
 37 OPERATING ROOM  
 37 01 SAME DAY SURGERY  
 38 RECOVERY ROOM  
 39 DELIVERY ROOM & LABOR ROOM  
 40 ANESTHESIOLOGY  
 41 RADIOLOGY-DIAGNOSTIC  
 41 01 ULTRA SOUND  
 41 02 CAT SCAN  
 43 RADIOISOTOPE  
 44 LABORATORY  
 49 RESPIRATORY THERAPY  
 50 PHYSICAL THERAPY  
 53 ELECTROCARDIOLOGY  
 53 01 CARDIAC CATHERIZATION LABORATORY  
 53 02 TCU REHAB  
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS  
 56 DRUGS CHARGED TO PATIENTS  
 57 RENAL DIALYSIS  
 59 MCCR  
 59 01 WOUND CARE  
 60 OUTPAT SERVICE COST CNTRS  
 61 CLINIC  
 61 EMERGENCY  
 61 01 FAMILY PRACTICES  
 61 02 PSYCH DAY HOSPITAL  
 61 03 CARDIAC REHAB  
 61 05 CANCER CENTER  
 62 OBSERVATION BEDS (NON-DISTINCT PART)  
 101 SUBTOTAL  
 102 CRNA CHARGES  
 103 LESS PBP CLINIC LAB SVCS--  
 104 PROGRAM ONLY CHARGES  
 104 NET CHARGES

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-S054 I I

PPS

TITLE XVIII, PART A		SUBPROVIDER 1						
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL		
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS	
		1	2	3	4	5	6	
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM		1,467,260	80,218,746	8,457			
37 01	SAME DAY SURGERY		184,476	160,919				
38	RECOVERY ROOM		152,706	16,663,268	31,128			
39	DELIVERY ROOM & LABOR ROO		412,917	21,095,651				
40	ANESTHESIOLOGY		31,455	28,415,995	34,313			
41	RADIOLOGY-DIAGNOSTIC		1,348,127	76,712,913	60,754			
41 01	ULTRA SOUND		20,997	13,855,445	20,926			
41 02	CAT SCAN		128,034	54,011,662	138,005			
43	RADIOISOTOPE		110,078	10,459,127	8,354			
44	LABORATORY		1,087,270	68,526,799	647,376			
49	RESPIRATORY THERAPY		136,184	9,095,468	34,923			
50	PHYSICAL THERAPY		516,124	16,208,329	85,306			
53	ELECTROCARDIOLOGY		128,171	20,715,890	85,919			
53 01	CARDIAC CATHERIZATION LAB		277,837	19,823,034				
53 02	TCU REHAB		140,497	2,049,318				
55	MEDICAL SUPPLIES CHARGED		295,588	80,751,333	43,007			
56	DRUGS CHARGED TO PATIENTS		372,242	94,000,704	622,750			
57	RENAL DIALYSIS		19,134	1,173,015				
59	MCCR		1,039					
59 01	WOUND CARE		5,107	745,376				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC		385,518	19,704,318	1,129			
61	EMERGENCY		795,442	63,487,161	396,346			
61 01	FAMILY PRACTICES		664,540	8,109,691				
61 02	PSYCH DAY HOSPITAL		648,281	2,440,042				
61 03	CARDIAC REHAB		372,043	2,697,337				
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS		142,135	4,665,965				
	OTHER REIMBURS COST CNTRS							
101	TOTAL		9,843,202	715,787,506	2,218,693			

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART II
I	14-S054	I		I	

PPS

## TITLE XVIII, PART A

## SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.018291	155
37 01	SAME DAY SURGERY	1.146390	
38	RECOVERY ROOM	.009164	285
39	DELIVERY ROOM & LABOR ROO	.019574	
40	ANESTHESIOLOGY	.001107	38
41	RADIOLOGY-DIAGNOSTIC	.017574	1,068
41 01	ULTRA SOUND	.001515	32
41 02	CAT SCAN	.002370	327
43	RADIOISOTOPE	.010525	88
44	LABORATORY	.015866	10,271
49	RESPIRATORY THERAPY	.014973	523
50	PHYSICAL THERAPY	.031843	2,716
53	ELECTROCARDIOLOGY	.006187	532
53 01	CARDIAC CATHERIZATION LAB	.014016	
53 02	TCU REHAB	.068558	
55	MEDICAL SUPPLIES CHARGED	.003660	157
56	DRUGS CHARGED TO PATIENTS	.003960	2,466
57	RENAL DIALYSIS	.016312	
59	MCCR		
59 01	WOUND CARE	.006852	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.019565	22
61	EMERGENCY	.012529	4,966
61 01	FAMILY PRACTICES	.081944	
61 02	PSYCH DAY HOSPITAL	.265684	
61 03	CARDIAC REHAB	.137930	
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS	.030462	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		23,646

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			80,218,746			8,457	
37 01	SAME DAY SURGERY			160,919				
38	RECOVERY ROOM			16,663,268			31,128	
39	DELIVERY ROOM & LABOR ROO			21,095,651				
40	ANESTHESIOLOGY			28,415,995			34,313	
41	RADIOLOGY-DIAGNOSTIC			76,712,913			60,754	
41 01	ULTRA SOUND			13,855,445			20,926	
41 02	CAT SCAN			54,011,662			138,005	
43	RADIOISOTOPE			10,459,127			8,354	
44	LABORATORY			68,526,799			647,376	
49	RESPIRATORY THERAPY			9,095,468			34,923	
50	PHYSICAL THERAPY			16,208,329			85,306	
53	ELECTROCARDIOLOGY			20,715,890			85,919	
53 01	CARDIAC CATHERIZATION LAB			19,823,034				
53 02	TCU REHAB			2,049,318				
55	MEDICAL SUPPLIES CHARGED			80,751,333			43,007	
56	DRUGS CHARGED TO PATIENTS			94,000,704			622,750	
57	RENAL DIALYSIS			1,173,015				
59	MCCR							
59 01	WOUND CARE			745,376				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			19,704,318			1,129	
61	EMERGENCY			63,487,161			396,346	
61 01	FAMILY PRACTICES			8,109,691				
61 02	PSYCH DAY HOSPITAL			2,440,042				
61 03	CARDIAC REHAB			2,697,337				
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,665,965				
101	TOTAL			715,787,506			2,218,693	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,623					
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	525					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,401					
41	RADIOLOGY-DIAGNOSTIC	5,644					
41 01	ULTRA SOUND	813					
41 02	CAT SCAN	7,275					
43	RADIOISOTOPE	1,785					
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	5,377					
53 01	CARDIAC CATHERIZATION LAB	1,031					
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED	3,514					
56	DRUGS CHARGED TO PATIENTS	2,656					
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,136					
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL	68,862					
61 03	CARDIAC REHAB	1,591					
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	109,233					



## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART V  
 I 14-S054 I I

## TITLE XVIII, PART B

## SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.299434	.299434			
37 01 SAME DAY SURGERY	9.096197	9.096197			
38 RECOVERY ROOM	.099960	.099960			
39 DELIVERY ROOM & LABOR ROOM	.192313	.192313			
40 ANESTHESIOLOGY	.043232	.043232			
41 RADIOLOGY-DIAGNOSTIC	.144981	.144981			
41 01 ULTRA SOUND	.101508	.101508			
41 02 CAT SCAN	.037650	.037650			
43 RADIOISOTOPE	.132667	.132667			
44 LABORATORY	.193346	.193346			
49 RESPIRATORY THERAPY	.283948	.283948			
50 PHYSICAL THERAPY	.306515	.306515			
53 ELECTROCARDIOLOGY	.079371	.079371			
53 01 CARDIAC CATHETERIZATION LABORATORY	.508488	.508488			
53 02 TCU REHAB	.673921	.673921			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.121091	.121091			
56 DRUGS CHARGED TO PATIENTS	.133877	.133877			
57 RENAL DIALYSIS	.464442	.464442			
59 MCCR					
59 01 WOUND CARE	.521631	.521631			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.185539	.185539			
61 EMERGENCY	.187593	.187593			
61 01 FAMILY PRACTICES	.653817	.653817			
61 02 PSYCH DAY HOSPITAL	.642862	.642862			
61 03 CARDIAC REHAB	.649203	.649203			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.297056	.297056			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 1

All other (1)

PPS Services  
FYB to 12/31

Non-PPS  
Services

PPS Services  
1/1 to FYE

Outpatient  
Ambulatory  
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,623			
37 01 SAME DAY SURGERY					
38 RECOVERY ROOM		525			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		1,401			
41 RADIOLOGY-DIAGNOSTIC		5,644			
41 01 ULTRA SOUND		813			
41 02 CAT SCAN		7,275			
43 RADIOISOTOPE		1,785			
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		5,377			
53 01 CARDIAC CATHETERIZATION LABORATORY		1,031			
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,514			
56 DRUGS CHARGED TO PATIENTS		2,656			
57 RENAL DIALYSIS					
59 MCCR					
59 01 WOUND CARE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		4,136			
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL		68,862			
61 03 CARDIAC REHAB		1,591			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		109,233			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		109,233			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART V
I	14-S054	I		I	

## TITLE XVIII, PART B

## SUBPROVIDER 1

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,384	
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM				52	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				61	
41	RADIOLOGY-DIAGNOSTIC				818	
41 01	ULTRA SOUND				83	
41 02	CAT SCAN				274	
43	RADIOISOTOPE				237	
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				427	
53 01	CARDIAC CATHERIZATION LABORATORY				524	
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				426	
56	DRUGS CHARGED TO PATIENTS				356	
57	RENAL DIALYSIS					
59	MCCR					
59 01	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY				776	
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL				44,269	
61 03	CARDIAC REHAB				1,033	
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				50,720	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				50,720	

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART V
I	14-S054	I		I	

## TITLE XVIII, PART B

## SUBPROVIDER 1

PPS Services  
1/1 to FYEHospital I/P  
Part B ChargesHospital I/P  
Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 SAME DAY SURGERY			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRA SOUND			
41 02 CAT SCAN			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC CATHETERIZATION LABORATORY			
53 02 TCU REHAB			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 MCCR			
59 01 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
61 01 FAMILY PRACTICES			
61 02 PSYCH DAY HOSPITAL			
61 03 CARDIAC REHAB			
61 05 CANCER CENTER			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-5848 I I

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-5848 I

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
37 01	SAME DAY SURGERY	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	ULTRA SOUND	
41 02	CAT SCAN	
43	RADIOISOTOPE	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
53 01	CARDIAC CATHERIZATION LAB	
53 02	TCU REHAB	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	MCCR	
59 01	WOUND CARE	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
61	EMERGENCY	
61 01	FAMILY PRACTICES	
61 02	PSYCH DAY HOSPITAL	
61 03	CARDIAC REHAB	
61 05	CANCER CENTER	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2010 I PART IV  
 I 14-5848 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			80,218,746			1,222	
37 01	SAME DAY SURGERY			160,919				
38	RECOVERY ROOM			16,663,268				
39	DELIVERY ROOM & LABOR ROO			21,095,651				
40	ANESTHESIOLOGY			28,415,995			700	
41	RADIOLOGY-DIAGNOSTIC			76,712,913			144,102	
41 01	ULTRA SOUND			13,855,445			65,017	
41 02	CAT SCAN			54,011,662			31,742	
43	RADIOISOTOPE			10,459,127			16,227	
44	LABORATORY			68,526,799			934,866	
49	RESPIRATORY THERAPY			9,095,468			381,420	
50	PHYSICAL THERAPY			16,208,329				
53	ELECTROCARDIOLOGY			20,715,890			54,914	
53 01	CARDIAC CATHERIZATION LAB			19,823,034				
53 02	TCU REHAB			2,049,318			1,402,709	
55	MEDICAL SUPPLIES CHARGED			80,751,333			16,928	
56	DRUGS CHARGED TO PATIENTS			94,000,704			2,698,796	
57	RENAL DIALYSIS			1,173,015				
59	MCCR							
59 01	WOUND CARE			745,376				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			19,704,318				
61	EMERGENCY			63,487,161				
61 01	FAMILY PRACTICES			8,109,691				
61 02	PSYCH DAY HOSPITAL			2,440,042				
61 03	CARDIAC REHAB			2,697,337				
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS			4,665,965				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			715,787,506			5,748,643	



TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 9/30/2010	I PART I
I 14-0054	I	I

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	59,666
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,666
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59,666
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	19,652
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	43,965,796
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	43,965,796

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97,513,481
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97,513,481
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.450869
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,634.32
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	43,965,796

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-0054 I I

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 736.87  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,480,969  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,480,969

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT	8,066,761	5,050	1,597.38	2,279	3,640,429
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 20,960,554  
 39,081,952

## PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,704,464  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,176,596  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,881,060  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 36,200,892

## TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2010 I PART III  
 I 14-0054 I I

TITLE XVIII PART A

HOSPITAL

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 1,881  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 736.87  
 85 OBSERVATION BED COST 1,386,052

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		43,965,796		1,386,052	
87 NEW CAPITAL-RELATED COST	4,508,562	43,965,796	.102547	1,386,052	142,135
88 NON PHYSICIAN ANESTHETIST		43,965,796		1,386,052	
89 MEDICAL EDUCATION		43,965,796		1,386,052	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 9/30/2010	I PART I
I 14-S054	I	I

TITLE XVIII PART A

SUBPROVIDER I

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,190
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,190
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,190
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,540
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,943,554
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,943,554

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,876,991
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,876,991
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.356241
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,930.04
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,943,554

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2010 I PART II  
 I 14-S054 I I

## TITLE XVIII PART A

## SUBPROVIDER I

## PPS

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	687.56
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,809,082
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,809,082

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				355,566
49	TOTAL PROGRAM INPATIENT COSTS				4,164,648

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	517,879
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	23,646
52	TOTAL PROGRAM EXCLUDABLE COST	541,525
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,623,123

## TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 9/30/2010	I PART III
I 14-S054	I	I

TITLE XVIII PART A

SUBPROVIDER I

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 687.56  
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		4,943,554			
87 NEW CAPITAL-RELATED COST	672,113	4,943,554	.135957		
88 NON PHYSICIAN ANESTHETIST		4,943,554			
89 MEDICAL EDUCATION		4,943,554			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 9/30/2010	I PART I
I 14-5848	I	I

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,708
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,708
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,708
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,538
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,306,312
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,306,312

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,393,457
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,393,457
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.751337
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	660.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,306,312



## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2009	I 2/22/2011
I COMPONENT NO:	I TO 9/30/2010	I WORKSHEET D-1
I 14-5848	I	I PART III

TITLE XVIII PART A

SNF

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 6,306,312
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	496.25
68	PROGRAM ROUTINE SERVICE COST	4,236,983
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,236,983
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	705,232
72	PER DIEM CAPITAL-RELATED COSTS	55.50
73	PROGRAM CAPITAL-RELATED COSTS	473,859
74	INPATIENT ROUTINE SERVICE COST	3,763,124
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,763,124
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	4,236,983
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,633,323
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	5,870,306

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 9/30/2010 I  
 I 14-0054 I

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		30,655,972	
31	INTENSIVE CARE UNIT		6,016,560	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299434	11,701,569	3,503,848
37 01	SAME DAY SURGERY	9.096197	50	455
38	RECOVERY ROOM	.099960	2,069,489	206,866
39	DELIVERY ROOM & LABOR ROOM	.192313	1,270,389	244,312
40	ANESTHESIOLOGY	.043531	3,329,252	144,926
41	RADIOLOGY-DIAGNOSTIC	.144981	4,378,335	634,775
41 01	ULTRA SOUND	.101508	1,690,459	171,595
41 02	CAT SCAN	.037650	10,000,046	376,502
43	RADIOISOTOPE	.132667	1,497,932	198,726
44	LABORATORY	.193346	14,151,820	2,736,198
49	RESPIRATORY THERAPY	.283948	3,738,490	1,061,537
50	PHYSICAL THERAPY	.306515	3,506,292	1,074,731
53	ELECTROCARDIOLOGY	.079371	5,425,343	430,615
53 01	CARDIAC CATHETERIZATION LABORATORY	.508488	5,851,569	2,975,453
53 02	TCU REHAB	.673921		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.121091	17,096,756	2,070,263
56	DRUGS CHARGED TO PATIENTS	.133877	24,027,353	3,216,710
57	RENAL DIALYSIS	.464442	589,832	273,943
59	MCCR			
59 01	WOUND CARE	.521631		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.185539	1,547,479	287,118
61	EMERGENCY	.187593	7,193,862	1,349,518
61 01	FAMILY PRACTICES	.653817		
61 02	PSYCH DAY HOSPITAL	.642862		
61 03	CARDIAC REHAB	.649203	3,794	2,463
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.297056		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		119,070,111	20,960,554
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		119,070,111	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET D-4	
I	COMPONENT NO:	I	TO 9/30/2010	I		
I	14-S054	I		I		

## TITLE XVIII, PART A

## SUBPROVIDER 1

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		10,744,866	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299434	8,457	2,532
37 01	SAME DAY SURGERY	9.096197		
38	RECOVERY ROOM	.099960	31,128	3,112
39	DELIVERY ROOM & LABOR ROOM	.192313		
40	ANESTHESIOLOGY	.043531	34,313	1,494
41	RADIOLOGY-DIAGNOSTIC	.144981	60,754	8,808
41 01	ULTRA SOUND	.101508	20,926	2,124
41 02	CAT SCAN	.037650	138,005	5,196
43	RADIOISOTOPE	.132667	8,354	1,108
44	LABORATORY	.193346	647,376	125,168
49	RESPIRATORY THERAPY	.283948	34,923	9,916
50	PHYSICAL THERAPY	.306515	85,306	26,148
53	ELECTROCARDIOLOGY	.079371	85,919	6,819
53 01	CARDIAC CATHETERIZATION LABORATORY	.508488		
53 02	TCU REHAB	.673921		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.121091	43,007	5,208
56	DRUGS CHARGED TO PATIENTS	.133877	622,750	83,372
57	RENAL DIALYSIS	.464442		
59	MCCR			
59 01	WOUND CARE	.521631		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.185539	1,129	209
61	EMERGENCY	.187593	396,346	74,352
61 01	FAMILY PRACTICES	.653817		
61 02	PSYCH DAY HOSPITAL	.642862		
61 03	CARDIAC REHAB	.649203		
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.297056		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,218,693	355,566
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,218,693	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET D-4
I COMPONENT NO:	I TO 9/30/2010	I
I 14-5848	I	I

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299434	1,222	366
37 01	SAME DAY SURGERY	9.096197		
38	RECOVERY ROOM	.099960		
39	DELIVERY ROOM & LABOR ROOM	.192313		
40	ANESTHESIOLOGY	.043232	700	30
41	RADIOLOGY-DIAGNOSTIC	.144981	144,102	20,892
41 01	ULTRA SOUND	.101508	65,017	6,600
41 02	CAT SCAN	.037650	31,742	1,195
43	RADIOISOTOPE	.132667	16,227	2,153
44	LABORATORY	.193346	934,866	180,753
49	RESPIRATORY THERAPY	.283948	381,420	108,303
50	PHYSICAL THERAPY	.306515		
53	ELECTROCARDIOLOGY	.079371	54,914	4,359
53 01	CARDIAC CATHETERIZATION LABORATORY	.508488		
53 02	TCU REHAB	.673921	1,402,709	945,315
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.121091	16,928	2,050
56	DRUGS CHARGED TO PATIENTS	.133877	2,698,796	361,307
57	RENAL DIALYSIS	.464442		
59	MCCR			
59 01	WOUND CARE	.521631		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.185539		
61	EMERGENCY	.187593		
61 01	FAMILY PRACTICES	.653817		
61 02	PSYCH DAY HOSPITAL	.642862		
61 03	CARDIAC REHAB	.649203		
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.297056		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,748,643	1,633,323
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		5,748,643	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2010	I PART A
I 14-0054	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,129,414	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	27,388,243	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,098,029	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	9,294,088	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	203,053	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	237.85	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	60.12	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	60.12	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	60.92	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	.13	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	60.25	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	58.96	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	59.16	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	59.46	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.249989	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.234769	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.234769	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,471,781	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	4,415,342	
	SUM OF LINES 3.21 - 3.23	
	5,887,123	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	5,887,123	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.31	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	28.93	
4.02 SUM OF LINES 4 AND 4.01	33.24	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	16.64	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,076,538	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (12/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2010	I PART A
I 14-0054	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	48,684,371
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	48,684,371
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,540,543
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	3,242,053
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	55,466,967
17	PRIMARY PAYER PAYMENTS	10,543
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	55,456,424
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,502,316
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	93,096
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,898,329
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,328,830
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,522,284
22	SUBTOTAL	53,189,842
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.97	HCERA PAYMENTS	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	53,189,842
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	52,875,832
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	314,010
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

## ----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2010	I PART B
I 14-0054	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,039,347
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,682,936
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,682,936
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,579,316
19	SUBTOTAL (SEE INSTRUCTIONS)	8,103,620
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	620,785
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,724,405
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	8,724,405
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	996,457
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	697,520
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	880,626
28	SUBTOTAL	9,421,925
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,421,925
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,387,229
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	34,696
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2010	I	PART B	
I	14-S054	I		I		

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	50,720
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	61,426
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	61,426
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	13,375
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	48,051
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	48,051
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	48,051
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	48,051
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	48,051
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	48,051
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET E-1  
 I COMPONENT NO: I TO 9/30/2010 I  
 I 14-0054 I I

TITLE XVIII

HOSPITAL

## DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		51,423,701		8,984,111
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	3/26/2010	163,858	3/26/2010	95,974
ADJUSTMENTS TO PROVIDER .02	9/24/2010	1,288,273	9/24/2010	307,144
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,452,131		403,118
4 TOTAL INTERIM PAYMENTS		52,875,832		9,387,229
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		314,010		34,696
7 TOTAL MEDICARE PROGRAM LIABILITY		53,189,842		9,421,925

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 9/30/2010	I
I 14-S054	I	I

## TITLE XVIII

## SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,857,295		48,051
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		3,857,295		48,051
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		3,857,295		48,051

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 9/30/2010	I
I 14-5848	I	I

## TITLE XVIII

SNF

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
- 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.
- 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54

SUBTOTAL	.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS		3,348,429	

- TO BE COMPLETED BY INTERMEDIARY
- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52

SUBTOTAL	.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02		

7 TOTAL MEDICARE PROGRAM LIABILITY		3,348,429	
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NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
I 14-0054	I FROM 10/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 9/30/2010	I PART I
I 14-S054	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	4,207,268
1.09	NET IPF PPS OUTLIER PAYMENTS	40,969
1.10	NET IPF PPS ECT PAYMENTS	14,281
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	19.698630
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	4,262,518
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	4,262,518
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,262,518
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,262,518
7	DEDUCTIBLES	301,488
8	SUBTOTAL	3,961,030
9	COINSURANCE	103,735
10	SUBTOTAL	3,857,295
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,857,295
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (01/2010)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2010	I	PART I
I	14-S054	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,857,295
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,857,295
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET E-3  
 I COMPONENT NO: I TO 9/30/2010 I PART III  
 I 14-5848 I I

## PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII		SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS			3,557,681
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			3,557,681
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			3,557,681
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			3,557,681
36	COINSURANCE			209,252
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			3,348,429
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			3,348,429
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			3,348,429
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			3,348,429
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET E-3  
I COMPONENT NO: I TO 9/30/2010 I PART III  
I 14-5848 I I

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	62.12
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	62.12
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	60.92
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	60.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	38.57
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	21.40
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	59.97
3.10	SEE INSTRUCTIONS	59.97
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.12
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	21.52
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	19.76
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	RES INIT YEARS 20.14
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	20.14
3.18	SEE INSTRUCTIONS	135,673.80
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	2,732,470
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	40.71
3.21	SEE INSTRUCTIONS	41.87
3.22	SEE INSTRUCTIONS	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	RES INIT YEARS 40.38
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	40.38
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	129,908.65
		5,245,711
		7,978,181

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	27,471
5	TOTAL INPATIENT DAYS	70,025
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11 .392303
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,129,864
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	7,492
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	70,025
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	732,974
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,173,015
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	



TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES  
11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	47,483,583
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	10,543
16	TOTAL PART A REASONABLE COST	47,473,040

PART B REASONABLE COST

17	REASONABLE COST	9,090,067
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	9,090,067
20	TOTAL REASONABLE COST	56,563,107
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.839293
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.160707

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,862,838
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,242,053
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	620,785

## BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I  
 I I TO 9/30/2010 I WORKSHEET G

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-104,030			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	22,380,004			
5	OTHER RECEIVABLES	1,844,306			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,041,873			
8	PREPAID EXPENSES	666,966			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	28,829,119			
FIXED ASSETS					
12	LAND	5,956,337			
12.01					
13	LAND IMPROVEMENTS	419,041			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	85,318,621			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	1,876,881			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	1			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	63,829,176			
18.01	LESS ACCUMULATED DEPRECIATION	-57,369,569			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,672,945			
21	TOTAL FIXED ASSETS	101,703,433			
OTHER ASSETS					
22	INVESTMENTS	1,602,144			
23	DEPOSITS ON LEASES	140,012			
24	DUE FROM OWNERS/OFFICERS	47,511,782			
25	OTHER ASSETS	872,542			
26	TOTAL OTHER ASSETS	50,126,480			
27	TOTAL ASSETS	180,659,032			

## BALANCE SHEET

IN LIEU OF FORM CMS-2552-96 (06/2003)  
 PROVIDER NO: 14-0054 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/22/2011 WORKSHEET G

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,973,934			
29 SALARIES, WAGES & FEES PAYABLE	14,192,437			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	61,506			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	28,227,877			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	271,567,070			
38 NOTES PAYABLE	2,941,755			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,499,955			
42 TOTAL LONG-TERM LIABILITIES	277,008,780			
43 TOTAL LIABILITIES	305,236,657			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-124,577,625			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-124,577,625			
52 TOTAL LIABILITIES AND FUND BALANCES	180,659,032			

## STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET G-1
I		I	TO 9/30/2010	I	

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1	FUND BALANCE AT BEGINNING		
	OF PERIOD	-4,457,105	
2	NET INCOME (LOSS)		
3	TOTAL	-48,674,616	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	-53,131,721	
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	-53,131,721	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF	-53,131,721	
	PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND		PLANT FUND
	5	6	7 8
1	FUND BALANCE AT BEGINNING		
	OF PERIOD		
2	NET INCOME (LOSS)		
3	TOTAL		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF		
	PERIOD PER BALANCE SHEET		

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET G-2
I		I	TO 9/30/2010	I	PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	97,513,481		97,513,481
2 00 SUBPROVIDER	13,876,991		13,876,991
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	8,393,457		8,393,457
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	119,783,929		119,783,929
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,265,585		13,265,585
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,265,585		13,265,585
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	133,049,514		133,049,514
17 00 ANCILLARY SERVICES	322,827,156	25,660,528	348,487,684
18 00 OUTPATIENT SERVICES	291,855,836	75,443,986	367,299,822
19 00 HOME HEALTH AGENCY		7,432,752	7,432,752
24 00			
25 00 TOTAL PATIENT REVENUES	747,732,506	108,537,266	856,269,772

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	306,804,647
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	306,804,647

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET G-3	
I		I	TO 9/30/2010	I		

## DESCRIPTION

1	TOTAL PATIENT REVENUES	856,269,772
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	602,407,021
3	NET PATIENT REVENUES	253,862,751
4	LESS: TOTAL OPERATING EXPENSES	306,804,647
5	NET INCOME FROM SERVICE TO PATIENTS	-52,941,896
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	243,174
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	440
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	643,628
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	6,352
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	176,081
21	RENTAL OF VENDING MACHINES	34,278
22	RENTAL OF HOSPITAL SPACE	271,004
23	GOVERNMENTAL APPROPRIATIONS	
24	CONSULTATION	11,543
24.01	OTHER OPERATING REVENUE	2,880,780
24.02		
24.03		
25	TOTAL OTHER INCOME	4,267,280
26	TOTAL	-48,674,616
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-48,674,616

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	946,255	156,031			761,923	1,864,209
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,306,079	215,364		70,582		1,592,025
7 PHYSICAL THERAPY	825,883	136,183				962,066
8 OCCUPATIONAL THERAPY	194,078	32,002				226,080
9 SPEECH PATHOLOGY	4,245	700				4,945
10 MEDICAL SOCIAL SERVICES	60,029	9,898				69,927
11 HOME HEALTH AIDE	9,875	1,628				11,503
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	3,346,444	551,806		70,582	761,923	4,730,755

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	-109,574	1,754,635	-176,387	1,578,248
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		1,592,025		1,592,025
7 PHYSICAL THERAPY		962,066		962,066
8 OCCUPATIONAL THERAPY		226,080		226,080
9 SPEECH PATHOLOGY		4,945		4,945
10 MEDICAL SOCIAL SERVICES		69,927		69,927
11 HOME HEALTH AIDE		11,503		11,503
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-109,574	4,621,181	-176,387	4,444,794

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL	1,578,248					1,578,248	1,578,248
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	1,592,025					1,592,025	876,529
7 PHYSICAL THERAPY	962,066					962,066	529,689
8 OCCUPATIONAL THERAPY	226,080					226,080	124,474
9 SPEECH PATHOLOGY	4,945					4,945	2,723
10 MEDICAL SOCIAL SERVICES	69,927					69,927	38,500
11 HOME HEALTH AIDE	11,503					11,503	6,333
12 SUPPLIES							
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)	4,444,794					4,444,794	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1 CAP-REL COST-BLDG & FIX	
2 CAP-REL COST-MOV EQUIP	
3 PLANT OPER & MAINT	
4 TRANSPORTATION	
5 ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES	
6 SKILLED NURSING CARE	2,468,554
7 PHYSICAL THERAPY	1,491,755
8 OCCUPATIONAL THERAPY	350,554
9 SPEECH PATHOLOGY	7,668
10 MEDICAL SOCIAL SERVICES	108,427
11 HOME HEALTH AIDE	17,836
12 SUPPLIES	
13 DRUGS	
13.20 COST ADMINISTERING DRUGS	
14 DME	
HHA NONREIMBURSABLE SERVICES	
15 HOME DIALYSIS AIDE SVCS	
16 RESPIRATORY THERAPY	
17 PRIVATE DUTY NURSING	
18 CLINIC	
19 HEALTH PROM ACTIVITIES	
20 DAY CARE PROGRAM	
21 HOME DEL MEALS PROGRAM	
22 HOMEMAKER SERVICE	
23 ALL OTHERS	
23.50 TELEMEDICINE	
24 TOTAL (SUM OF LINES 1-23)	4,444,794



I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET H-4  
I HHA NO: I TO 9/30/2010 I PART II  
I 14-7285 I

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N ( 5A )	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-1,578,248	2,866,546
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						1,592,025
7 PHYSICAL THERAPY						962,066
8 OCCUPATIONAL THERAPY						226,080
9 SPEECH PATHOLOGY						4,945
10 MEDICAL SOCIAL SERVICES						69,927
11 HOME HEALTH AIDE						11,503
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-1,578,248	2,866,546
25 COST TO BE ALLOCATED						1,578,248
26 UNIT COST MULTIPLIER						.550575

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				28,239	47,381	628,542
2 SKILLED NURSING CARE	2,468,554					
3 PHYSICAL THERAPY	1,491,755					
4 OCCUPATIONAL THERAPY	350,554					
5 SPEECH PATHOLOGY	7,668					
6 MEDICAL SOCIAL SERVICES	108,427					
7 HOME HEALTH AIDE	17,836					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,444,794			28,239	47,381	628,542
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	704,162	227,111	104,372		38,030	
2 SKILLED NURSING CARE	2,468,554	796,175				
3 PHYSICAL THERAPY	1,491,755	481,131				
4 OCCUPATIONAL THERAPY	350,554	113,063				
5 SPEECH PATHOLOGY	7,668	2,473				
6 MEDICAL SOCIAL SERVICES	108,427	34,971				
7 HOME HEALTH AIDE	17,836	5,753				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,148,956	1,660,677	104,372		38,030	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES - SALARY & FR 22
1 ADMIN & GENERAL	74,509	2,994			35,670	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	74,509	2,994			35,670	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	I&R SERVICES - OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,186,848		1,186,848		
2 SKILLED NURSING CARE		3,264,729		3,264,729	659,153	3,923,882
3 PHYSICAL THERAPY		1,972,886		1,972,886	398,328	2,371,214
4 OCCUPATIONAL THERAPY		463,617		463,617	93,605	557,222
5 SPEECH PATHOLOGY		10,141		10,141	2,047	12,188
6 MEDICAL SOCIAL SERVICES		143,398		143,398	28,952	172,350
7 HOME HEALTH AIDE		23,589		23,589	4,763	28,352
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		7,065,208		7,065,208	1,186,848	7,065,208
21 UNIT COST MULTIPLIER					0.201901	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (SQUARE FEET	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BEN EFITS (GROSS ALARIES	RECONCILIATI ON
	1	2	3	4	5	6A
1 ADMIN & GENERAL	2,949	2,949	2,949	2,949	3,346,444	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,949	2,949	2,949	2,949	3,346,444	
21 COST TO BE ALLOCATED			28,239	47,381	628,542	
22 UNIT COST MULTIPLIER			9.575788	16.066802	0.187824	

HHA COST CENTER	ADMINISTRATI VE & GENERAL ( ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS ERVED	CAFETERIA S (FTES
	6	7	9	10	11	12
1 ADMIN & GENERAL	704,162	2,949		2,949		3,738
2 SKILLED NURSING CARE	2,468,554					
3 PHYSICAL THERAPY	1,491,755					
4 OCCUPATIONAL THERAPY	350,554					
5 SPEECH PATHOLOGY	7,668					
6 MEDICAL SOCIAL SERVICES	108,427					
7 HOME HEALTH AIDE	17,836					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,148,956	2,949		2,949		3,738
21 COST TO BE ALLOCATED	1,660,677	104,372		38,030		74,509
22 UNIT COST MULTIPLIER	0.322527	35.392336		12.895897		19.932852

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT HOURS 14	CENTRAL SERVICES & SUPPLIES (COSTED REQ 15	PHARMACY (COSTED REQUIS-PHA 16	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17	I&R SERVICES -SALARY & FR (ASSIGNED TIME 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME 23
1 ADMIN & GENERAL	1,078			7,432,752		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,078			7,432,752		
21 COST TO BE ALLOCATED	2,994			35,670		
22 UNIT COST MULTIPLIER	2.777365			0.004799		

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 9/30/2010 I PARTS I II & III  
I 14-7285 I HHA I

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								PART A
1	SKILLED NURSING	2	3,923,882	2	3,923,882	19,881	197.37	6
2	PHYSICAL THERAPY	3	2,371,214		2,371,214	12,398	191.26	5,629
3	OCCUPATIONAL THERAPY	4	557,222		557,222	2,886	193.08	3,875
4	SPEECH PATHOLOGY	5	12,188		12,188	84	145.10	903
5	MEDICAL SOCIAL SERVICES	6	172,350		172,350	475	362.84	22
6	HOME HEALTH AIDE SERVICE	7	28,352		28,352	277	102.35	180
7	TOTAL		7,065,208		7,065,208	36,001		99
								10,708

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKILLED NURSING	3,487		1,110,996	688,229		1,799,225
2	PHYSICAL THERAPY	1,571		741,133	300,469		1,041,602
3	OCCUPATIONAL THERAPY	417		174,351	80,514		254,865
4	SPEECH PATHOLOGY	6		3,192	871		4,063
5	MEDICAL SOCIAL SERVICES	77		65,311	27,939		93,250
6	HOME HEALTH AIDE SERVICES	79		10,133	8,086		18,219
7	TOTAL	5,637		2,105,116	1,106,108		3,211,224

LIMITATION COST  
COMPUTATION

PATIENT SERVICES						PROGRAM COST LIMITS	PROGRAM VISITS
		1	2	3	4	5	PART A
8	SKILLED NURSING	1600					6
9	PHYSICAL THERAPY	1600					
10	OCCUPATIONAL THERAPY	1600					
11	SPEECH PATHOLOGY	1600					
12	MEDICAL SOCIAL SERVICES	1600					
13	HOME HEALTH AIDE SERVICE	1600					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
I 14-0054 I FROM 10/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 9/30/2010 I PARTS I II & III  
I 14-7285 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNLUP CENSUS FROM WKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.306515			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.121091			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.133877			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
			----- PROGRAM VISITS -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5		
1 PHYSICAL THERAPY	2	191.26					
2 OCCUPATIONAL THERAPY	3	193.08					
3 SPEECH PATHOLOGY	4	145.10					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-0054	I	FROM 10/ 1/2009	I	WORKSHEET H-7	
I	HHA NO:	I	TO 9/30/2010	I	PARTS I & II	
I	14-7285	I		I		

IN LIEU OF FORM CMS-2552-96 H-7 (5/2004)

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES  
PART A
 PART B  
NOT SUBJECT TO  
DED & COINS  
2

 PART B  
SUBJECT TO  
DED & COINS  
3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR  
PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS  
LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE  
BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE  
WITH 42 CFR 413.13(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL  
REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 9 PRIMARY PAYOR AMOUNTS

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

 PART A  
SERVICES  
1

 PART B  
SERVICES  
2

- 10 TOTAL REASONABLE COST
- 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT  
OUTLIERS
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH  
OUTLIERS
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES
- 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH  
OUTLIERS
- 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES
- 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP  
EPISODE
- 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES
- 10.11 TOTAL OTHER PAYMENTS
- 10.12 DME PAYMENTS
- 10.13 OXYGEN PAYMENTS
- 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS
- 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS  
(EXCLUDE COINSURANCE)
- 12 SUBTOTAL
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE  
BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD
- 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS  
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM  
AGENCIES' TERMINATION OR DECREASE IN MEDICARE  
UTILIZATION
- 21 OTHER ADJUSTMENTS (SPECIFY)
- 22 SUBTOTAL
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL
- 25 INTERIM PAYMENTS
- 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE  
ONLY)
- 26 BALANCE DUE PROVIDER/PROGRAM
- 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2



## CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011  
 I 14-0054 I FROM 10/ 1/2009 I WORKSHEET L  
 I COMPONENT NO: I TO 9/30/2010 I PARTS I-IV  
 I 14-0054 I  
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,003,250
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	20,734
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	172.15
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	59.46
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.24
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	307,533
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.31
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	28.93
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	33.24
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.96
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	209,026
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,540,543
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	